Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, June 16, 2015 at the hour of 10:30 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Gugenheim called the meeting to order.

Present: Chairman Ada Mary Gugenheim and Directors Wayne M. Lerner, DPH, LFACHE and Erica E. Marsh, MD, MSCI (3)

Board Chairman M. Hill Hammock (ex-officio), Director Emilie N. Junge and Patrick T. Driscoll, Jr. (non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Krishna Das, MD – System Chief Quality Officer
John O'Brien, MD – Director of Professional Education
Elizabeth Reidy – General Counsel
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive Officer
Sharon Welbel, MD – System Director of Infection Control

II. Public Speakers

Chairman Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Report – Infection Control (Attachment #1)

Dr. Sharon Welbel, System Director of Infection Control, provided an overview of the Report on Infection Control. The Committee reviewed and discussed the information.

During the discussion of the information on Central Line Associated Blood Stream Infections (CLABSI), Dr. Welbel noted that the definition of CLABSI changed in 2015; basically, things that were not previously counted as a healthcare-associated central line infection are now being counted. Additionally, the Centers for Disease Control has not changed their standard infection rate to reflect the new definition; however, they are going to change it at the end of 2015. These two changes will likely affect the rates.

Dr. Welbel provided information on interventions put in place to prevent these infections, including having only certain trained medical staff and attending physicians insert central lines. Director Lerner inquired if the goal in training staff is to have all healthcare professionals who associate with patients to have that core competency, or to have a small cadre of people who do that specialized task. Dr. Welbel responded that everybody who inserts central lines and peripherally-inserted central catheter (PIC) lines has to have specialized training.

During the discussion of hand hygiene compliance, Chairman Gugenheim inquired regarding the rules for hand hygiene. Dr. Welbel responded that the rules are that staff are to clean their hands prior to going into the room, and are to clean their hands upon exit of the room. The Committee discussed the subject of technologies that are being developed, such as badge-associated sensors, monitors and dispensers of handgel. Dr. John Jay Shannon, Chief Executive Officer, noted that the administration has begun to review these types of technologies; however, in the absence of culture change, these may not be effective.

III. Report from Chief Quality Officer

A. Report – Infection Control (continued)

During the discussion of the information presented on endoscopy-related infections, Dr. Welbel stated that, with regard to the frequency of use, she surmised that approximately two or more scopes are used per day at the System; in contrast, other hospitals use approximately two per month. The System constantly re-processes its scopes; management is in the process of purchasing more scopes. Dr. Shannon noted that recently, the Finance Committee and Board approved a multi-million dollar purchase of scopes and Steris cleaning machines.

Board Chairman Hammock inquired how Infection Control information is communicated amongst the staff; additionally, he inquired how the policies are enforced, and whether units are rewarded for success. Dr. Welbel stated that there is an Infection Control intranet site available for staff that contains updated surveillance data and policies. Data is physically posted in the units; she noted that every unit is assigned an infection preventionist who communicates this information to the unit. With regard to a reward/recognition system, she stated that this has been done in the past; she noted that it is challenging to maintain while there are competing issues like Ebola and Middle East Respiratory Syndrome (MERS) that arise.

Dr. Welbel provided a brief update on activities related to the recent Ebola outbreak. With the assistance of staff from Information Technology, an electronic screening tool was developed. Over 650,000 people were screened for Ebola. Of those, there were 9 people who were found to meet the screening criterion; 4 of the 9 people were true positives, meaning they said yes to all of the screening questions. Staff from the Division of Infectious Diseases examined those 4 patients; an alternative diagnosis was found in all 4 patients. Staff are now implementing something like that for MERS, which is probably the biggest new emerging problem.

B. Regulatory and Accreditation Updates

Dr. Krishna Das, Chief Quality Officer, provided a brief update on regulatory and accreditation matters. She stated that staff continue their preparations for the full accreditation survey by The Joint Commission (TJC) at Stroger Hospital; the survey will occur anytime between now and November.

Dr. Das stated that efforts continue with the roll-out of the Primary Care Medical Home (PCMH) program in all of the Ambulatory settings; most of the clinics have kicked off very intense preparations for this.

C. Metrics (Attachment #2)

Dr. Das reviewed the presentation on Metrics. The Committee discussed the information.

With regard to the measures relating to Operating Room (OR) Efficiency, Director Lerner indicated that he would appreciate having the director of that project come and make a presentation to the Committee; he inquired whether this can be scheduled soon. He noted that he does not want to do this after they have implemented it; rather, he would like to see pre- and post-implementation presentations. He would like to know the project plan and what they are trying to accomplish, along with the outcomes and the evaluation. Following its execution, the Committee can discuss the evaluation. Dr. Das stated that this should be feasible for the next month's meeting.

D. Report – Patient Experience (Attachment #3)

Dr. Das reviewed the presentation on Patient Experience. The Committee discussed the information.

III. Report from Chief Quality Officer

D. Report – Patient Experience (continued)

Director Junge inquired whether surveys go out to not only the patients of the CCHHS clinics, but also to patients of the network clinics. Dr. Das responded that, for this survey, when she refers to clinics, she is only referring to those 16 CCHHS Ambulatory Services clinics. Separately, the Managed Care operation needs to get feedback from all of its members, who may use the network clinics; Managed Care does survey its members, but that is a separate survey.

Board Chairman Hammock inquired whether the System's affiliation agreements require its partners to survey their own patients. He asked Elizabeth Reidy, General Counsel, whether there are quality reporting requirements in those agreements. Ms. Reidy responded in the affirmative; she stated that they are required under the System's agreement with the State, and are included in those agreements, as well. Dr. Shannon stated that staff will follow-up on the question relating to patient satisfaction surveys conducted by the System's partners. Director Lerner noted that this subject will also be discussed in the Managed Care Committee.

Following the review of the presentation, Director Lerner inquired whether Dr. Das could estimate when the administration can start thinking about perhaps aspiring toward designation of Magnet status for nursing or working towards being considered for the Baldrige Award. Dr. Das stated that, most optimistically, changing a culture takes three years; additionally, it is critical to have extremely enlightened management at all levels. Board Chairman Hammock stated that perhaps the place to start is by setting standards at the 85th percentile across the board; once those standards are being met, that would seem to be the trigger that says - let's go for it. Chairman Gugenheim indicated that if there is anything the Board can do to help reach this goal in terms of support or resources, the administration should let them know.

IV. Action Items

A. Request for the Committee's recommendation to amend the clinical training affiliations approved by the CCHHS Board of Directors on May 31, 2015 (Attachment #4)

Dr. John O'Brien, Director of Professional Education, provided an overview of the amended list of clinical training affiliations. The Board of Directors approved a group of affiliations on May 29, 2015; however, the affiliation with McGaw for OB/Gyne was inadvertently not included in that approved list. Therefore, the list is being re-presented with the inclusion of the McGaw OB/Gyne agreement; the Committee is respectfully asked to approve the list, as amended.

Director Marsh recused herself from the discussion and consideration of the item.

Director Lerner, seconded by Chairman Gugenheim, moved to approve the proposed list of clinical training affiliations presented for the Committee's consideration, as amended. THE MOTION CARRIED.

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

i. Receive reports from EMS Presidents

There were no reports provided at this time.

IV. Action Items

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County (continued)

ii. Approve Medical Staff Appointments/Re-appointments/Changes (Attachment #5)

Director Marsh, seconded by Director Lerner, moved to approve the Medical Staff Appointments/Reappointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, May 12, 2015

Director Lerner, seconded by Director Marsh, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of May 12, 2015. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and V

V. Closed Meeting Items

A. Medical Staff Appointments/Re-appointments/Changes
B. Litigation Matter(s)

The Committee did not convene into a closed meeting.

VI. Adjourn

As the agenda was exhausted, Chairman Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

ATTACHMENT #1

COOK COUNTY HEALTH & HOSPITALS SYSTEM

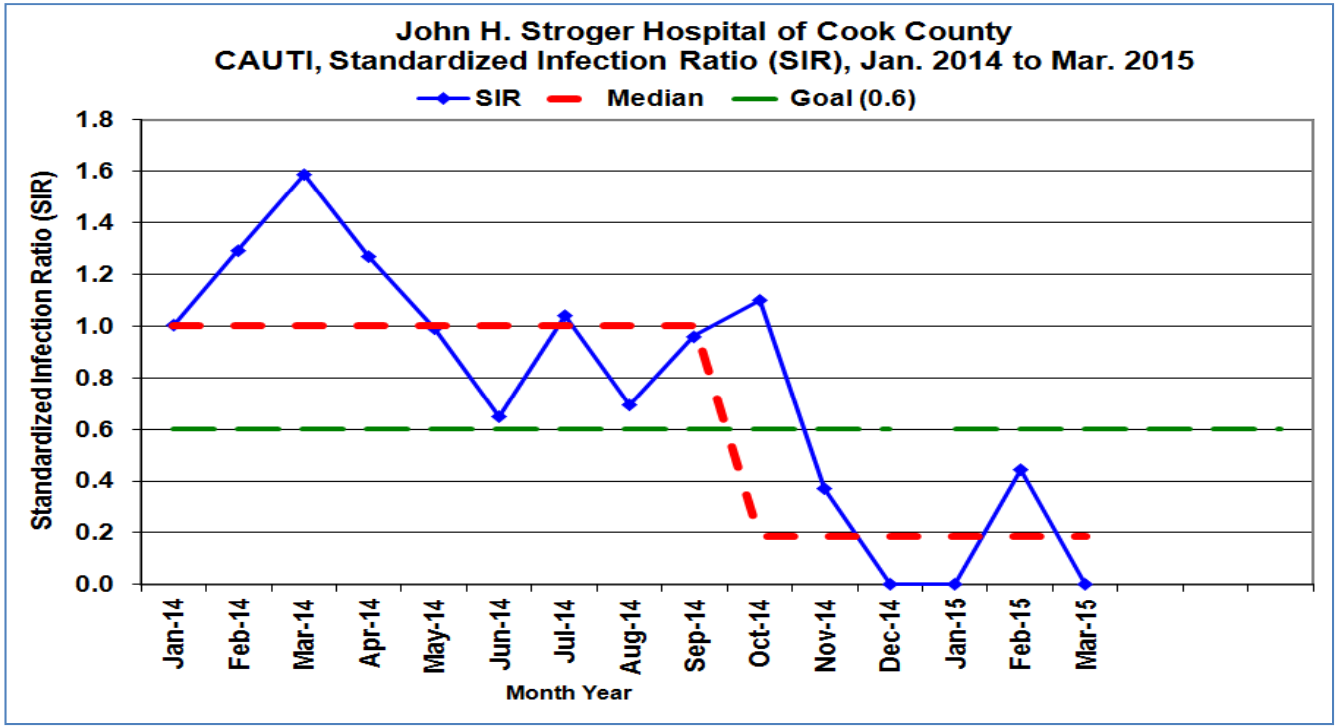
CCHHS Board of Directors
Quality and Patient Safety Committee

Infection Control Report

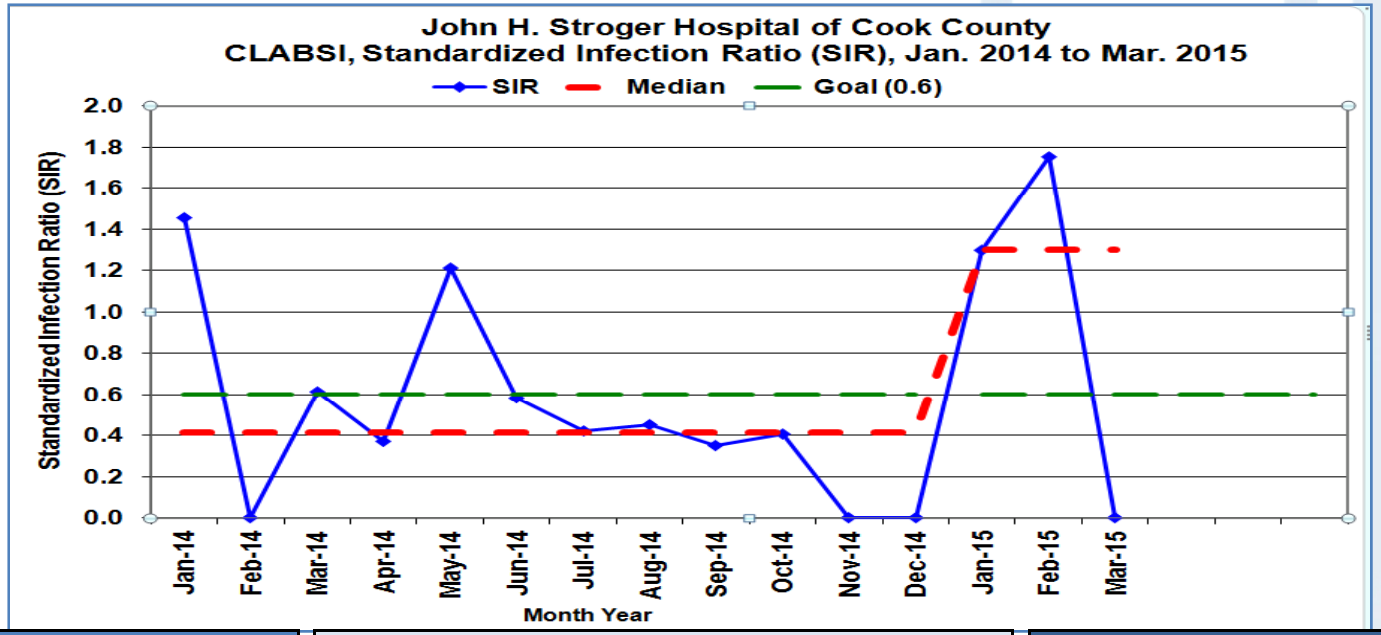
Dr. Sharon Welbel

June 16th, 2015

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS



Description	Opportunity	Action Plan
Catheter Associated Urinary Tract Infections (CAUTI): • All adult ICUs, PICU, Peds, MedSurg surveillance • Uses NHSN criteria • Data reported to CMS • Part of TJC-NPSG goals TARGET: Reduce CAUTI by 40% (SIR 0.6) by the end of 2015.	•Baseline Rate: SIR =1.4 (2012) •**Target met (80% reduction, SIR=0.2) due to:** Strong collaboration with nurses • Use of approved indications on Cerner • Foley catheter use reduced • IPs monitor need for catheters •Needs improvement on catheter care •Need for consistent use of CHG bath	1.Provide CAUTI feedback to leadership and units 2.Implement automated stop order 3.Staff and patient education 4.Implement evidence-based practices, empower nurses 5.Monitor CHG bath and cleaning of catheters.



Description

Central Line Associated Blood Stream Infections (CLABSI):

- All adult ICUs, PICU,NICU Peds,MedSurg surveillance
- Uses NHSN criteria
- Data reported to CMS
- Part of TJC-NPSG goals

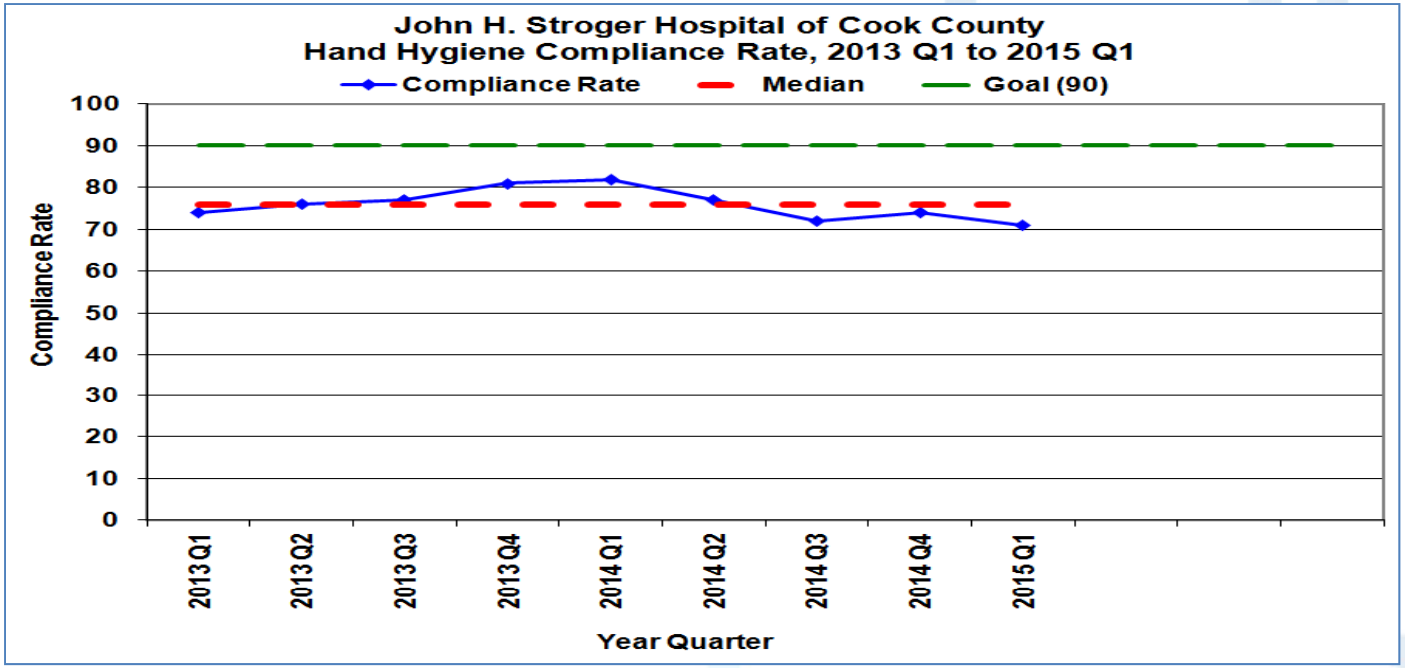
TARGET: Reduce CLABSI by 40% (SIR=0.6) by the end of 2015.

Opportunity

- Baseline Rate: SIR =1.1(2011)
- Target was not met **(SIR=1.3, 23 CLABSI cases)**
- **Gap Analysis results;**
  - 30% (6/20) educated about central line
  - 13% (3/23) utilized checklist
  - 22% (5/23) femoral lines
  - 20% (2/8) CHG bath in MedSurg
  - 77% (10/13) CHG bath in ICUs
  - 35% CLABSI cases are in MedSurg , (8/23)
  - 39% (9/23) of CLABSI were from PICC
- Catheter hubs not disinfected
- Median time from line insertion to infection was 14 days; suggests poor line care and maintenance

Action Plan

1. Provide CLABSI feedback to leadership and units.
2. Educate staff /patients on best practices to reduce CLABSI
3. Reinforce CVC checklist use
4. IPs will monitor
   - Use of CHG bath
   - Need for central lines
   - Access, care and maintenance of central lines
5. Scrub the Hub campaign (3/2015)
6. Restrict residents from accessing central lines



Description

Hand Hygiene Compliance
•Average compliance before and after patient & environmental contact

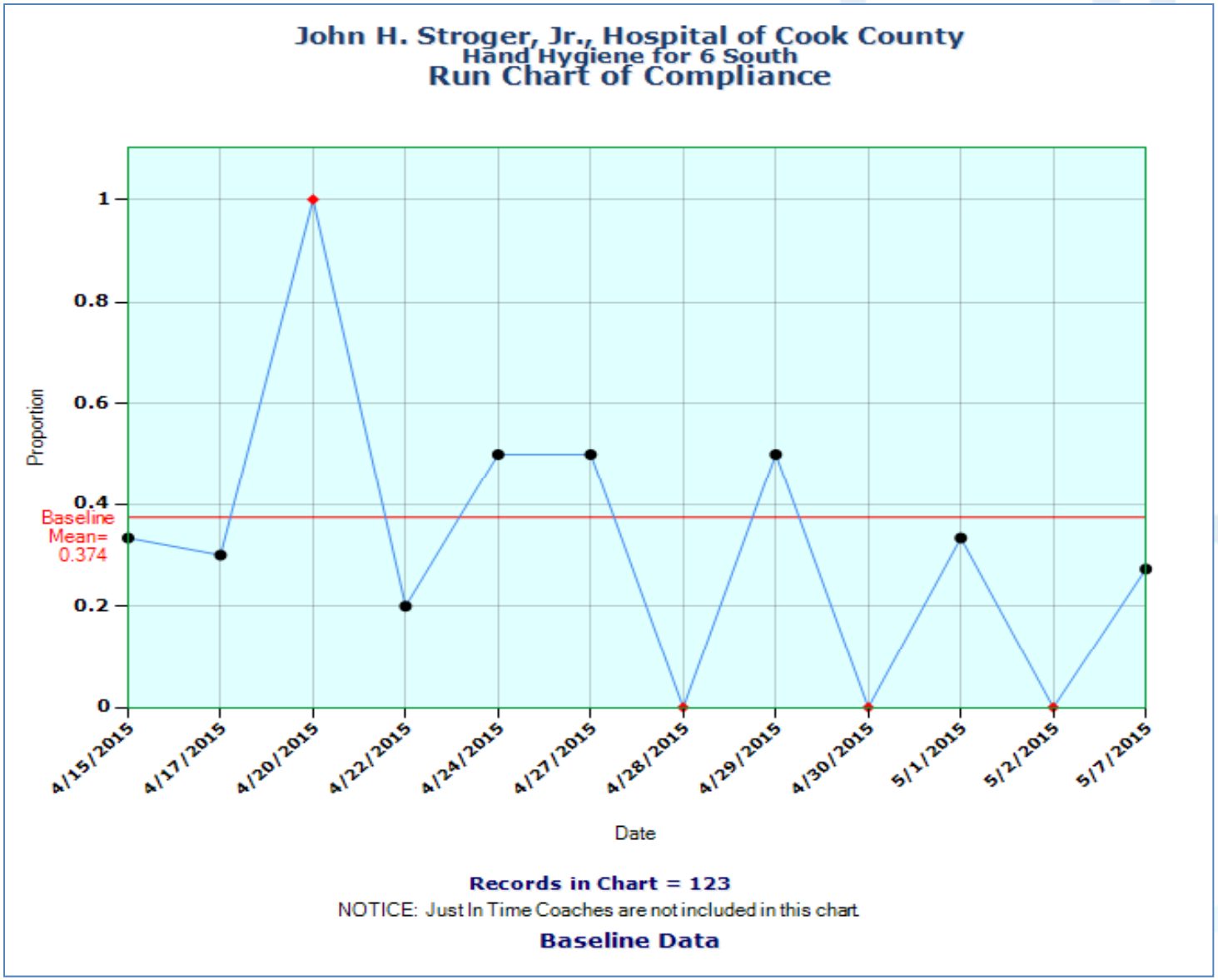
TARGET: Improve hand hygiene compliance rate from baseline of 59% to 90% by the end of 2015.

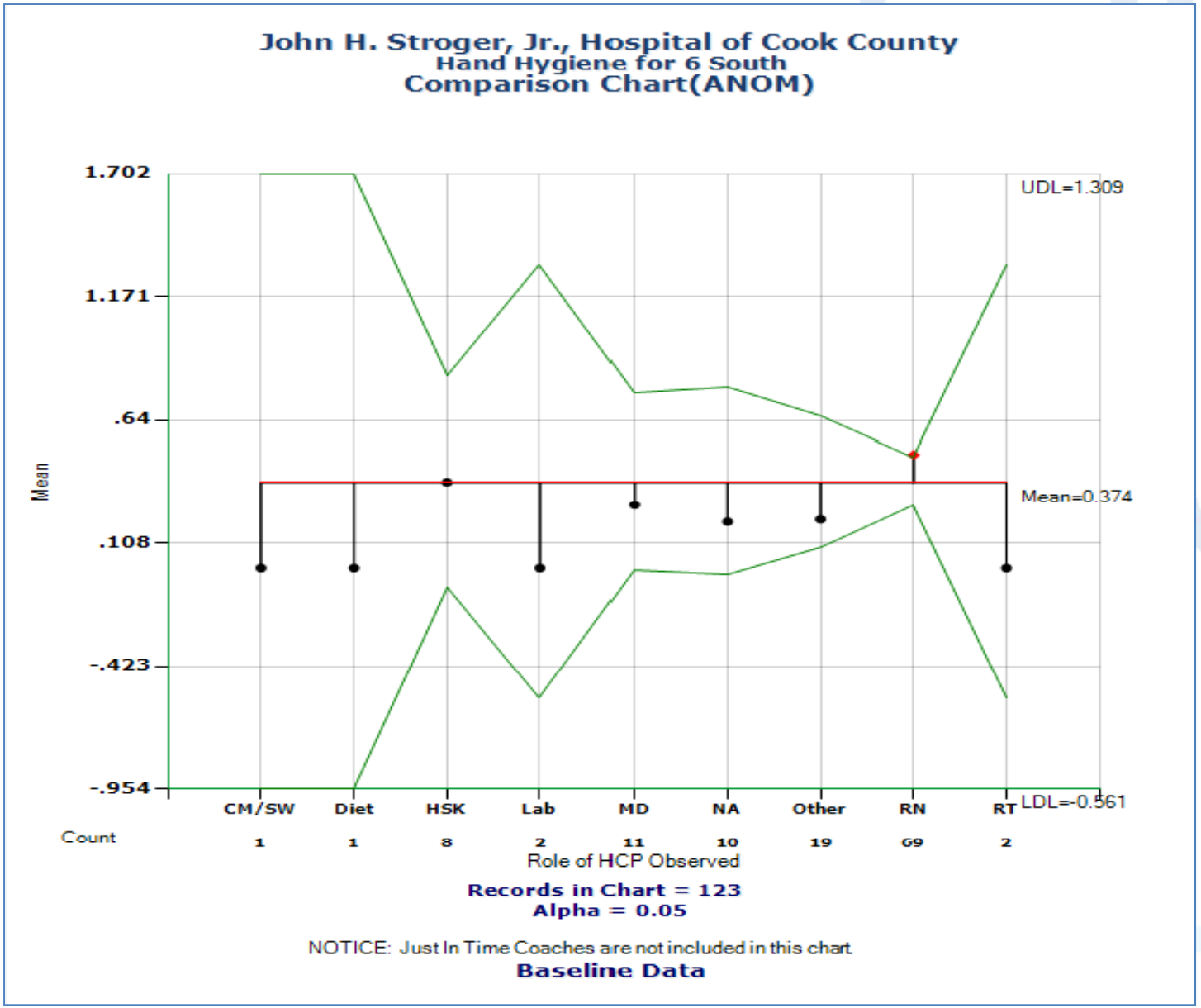
Opportunity

- Hand Hygiene compliance is insufficient, at 75% median.
- Data validated;
  - do not represent all shifts and all providers
  - reported inaccurately & untimely
  - time consuming data entry
- Lack of consistent staff/leadership commitment and accountability

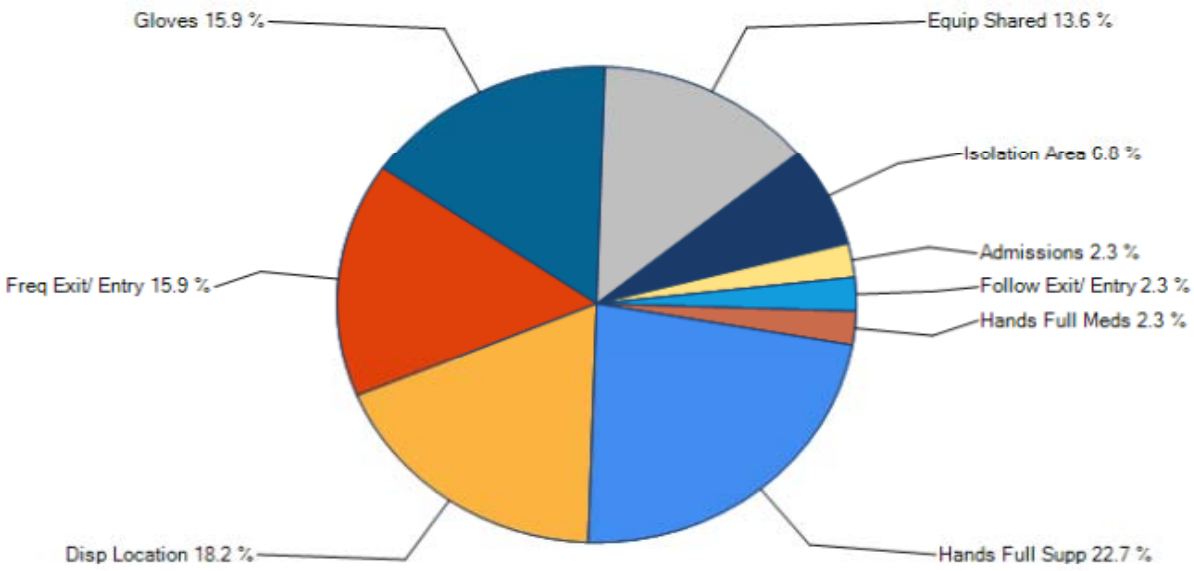
Action Plan

1. Utilize The Joint Commission targeted solutions tools (TST)
   - Identifies defects/barriers
   - Ease of data entry, web based
   - Timely unit feedback
2. Nursing leadership will lead improvement initiatives
3. Train new observers & coaches from all shifts/disciplines
4. Pilot started in 6 South, ACHN, Core Center


John H. Stroger, Jr., Hospital of Cook County
Hand Hygiene for 6 South
Run Chart of Compliance
Proportion
1
0.8
0.6
0.4
0.2
0
Baseline Mean= 0.374
4/15/2015
4/17/2015
4/20/2015
4/22/2015
4/24/2015
4/27/2015
4/28/2015
4/29/2015
4/30/2015
5/1/2015
5/2/2015
5/7/2015
Date
Records in Chart = 123
NOTICE: Just In Time Coaches are not included in this chart
Baseline Data


John H. Stroger, Jr., Hospital of Cook County
Hand Hygiene for 6 South
Comparison Chart(ANOM)
1.702
1.171
.64
.108
-.423
-.954
Mean
UDL=1.309
Mean=0.374
LDL=-0.561
CM/SW
Diet
HSK
Lab
MD
NA
Other
RN
RT
Count
1
1
8
2
11
10
19
69
2
Role of HCP Observed
Records in Chart = 123
Alpha = 0.05
NOTICE: Just In Time Coaches are not included in this chart
Baseline Data

John H. Stroger, Jr., Hospital of Cook County
Hand Hygiene for 6 South
Pie Chart



Defect	Sym	Count	Percentage	Defect	Sym	Count	Percentage
Hands Full Supp		10	22.7 %	Isolation Area		3	6.8 %
Disp Location		8	18.2 %	Admissions		1	2.3 %
Freq Exit/ Entry		7	15.9 %	Follow Exit/ Entry		1	2.3 %
Gloves		7	15.9 %	Hands Full Meds		1	2.3 %
Equip Shared		6	13.6 %				

Observations with Defects = 38
Baseline Data

ENDOSCOPY Related Infections

- February 19th, 2015 FDA released a Medical Device Safety communication on duodenoscopes
- This was in response to an outbreak of CRE* infections linked to reprocessed duodenoscopes

* CRE Carbapenem-resistant Enterobacteriaceae

CCHHS Response

- Multidisciplinary group convened
- Endoscopy cleaning technique reviewed and validated
- All personnel assigned to reprocess endoscopes are required to receive competency training annually or sooner
- IC* has requested such personnel be certified
- IC reviews reprocessing technique weekly

* IC Infection Control department

CCHHS Response, cont'd.

- IC receives daily list of patients who will have ERCP♦and compare to the XDRO* registry
- A procedure and policy for microbiological testing of scopes was created
- All scopes have been cultured and will be cultured monthly
- Continue work on validating other methods of cleaning such as ATP+

♦ ERCP Endoscopic procedure to view bile ducts and pancreas

* XDRO Extensively drug resistant organisms

+ ATP chemical used to validate cleaning method

ATTACHMENT #2

COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS Board of Directors
Quality and Patient Safety Committee
Dashboard Overview

16 June 2015

Krishna Das, MD, Chief Quality Officer

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

Dashboard Overview

- Quality measures – process, outcome and efficiency
- Safety measures
- Patient satisfaction
- Hospitals and ambulatory are included

Quality – Stroger

CCHHS QPS Committee Dashboard															
Data as of 06-09-2015	CY 2014									CY 2015				TARGET	VARIANCE *
PERFORMANCE MEASURES	Q2 2014			Q3 2014			Q4 2014			Q1 2015					
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
Core Measures															
Venous Thromboembolism (VTE) Prevention (%)	73	85	81	92	84	88	87	83	84	79	92	79	86	99	-13%
Care for Stroke Patients (%)	93	94	95	95	97	96	97	93	91	96	93	92	87	100	-13%
Influenza and Pneumococcal Vaccination (%)	64	59	45	47	53	62	74	68	68	66	67	64	36	90	-54%
Efficiency - Operating Room															
Surgery Begins at Scheduled Time (%)	47	38	48	38	41	32	35	45	35	30	47	62	56	80	-24%
OR Room Turn Around Time (minutes)	48	52	49	51	48	54	57	54	50	51	45	45	43	35	-8%

Quality – Provident

CCHHS QPS Committee Dashboard															
Data as of 06-09-2015	CY 2014									CY 2015				TARGET	VARIANCE *
PERFORMANCE MEASURES	Q2 2014			Q3 2014			Q4 2014			Q1 2015					
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
Core Measures															
Venous Thromboembolism (VTE) Prevention (%)	85	96	91	85	95	95	86	100	82	94	100	100	95	99	-4%
Influenza and Pneumococcal Vaccinations (%)	63	80	82	64	77	62	78	71	89	93	79	95		90	-5%
Efficiency - Operating Room															
Surgery Begins at Scheduled Time (%)			5	25	14	10	13	28	15	19	12	17	45	80	-35%
OR Room Turn Around Time (minutes)														35	na

Safety – Stroger

CCHHS QPS Committee Dashboard															
Data as of 06-09-2015	CY 2014									CY 2015				TARGET	VARIANCE *
PERFORMANCE MEASURES	Q2 2014			Q3 2014			Q4 2014			Q1 2015					
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
Safety															
HAC: Pressure Ulcer Stages III & IV[1]	4	4	2	0	0	2	2	4	4	2	5	2	2		
HAC: Falls with Injury[2]	0	0	1	1	1	0	0	0	0	1	0	0	3		
HAI: CLABSI SIR[3]	0	1	1	0	0	0	0	0	0	2	3	0	1		
HAI: CAUTI SIR[4]	1	1	1	1	1	1	1	0	0	0	0	0	1		

LEGEND
HAC: Hospital Acquired Conditions
HAI: Hospital Acquired Infections
CLABSI: Central line-associated blood stream infections
CAUTI: Catheter-associated urinary tract infections

FOOTNOTES
[1] Adult discharges (≥ 18) with LOS ≥ 5 days; per 1000
[2] All med/surg units and ICUs/CCUs; per 1000 patient-days
[3] Eligible units include all units with laboratory confirmed event
[4] Eligible units include all units with confirmed event.

Patient Experience – Stroger

CCHHS QPS Committee Dashboard															
Data as of 06-09-2015	CY 2014									CY 2015				TARGET	VARIANCE *
PERFORMANCE MEASURES	Q2 2014			Q3 2014			Q4 2014			Q1 2015					
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
Patient Experience															
Willing to Recommend Hosp (% top box)	62	60	61	69	66	67	66	73	66	75	73	71	66	85	-19%
Communication with Doctors (% top box)	82	77	78	83	90	82	83	76	83	81	85	82	74	88	-14%
Communication with Nurses (% top box)	69	60	70	69	72	65	73	63	72	70	72	70	78	86	-8%
Cleanliness (% top box)	54	44	51	51	55	48	61	39	51	48	51	48	74	77	-3%

Patient Experience – Provident

CCHHS QPS Committee Dashboard															
Data as of 06-09-2015	CY 2014									CY 2015				TARGET	VARIANCE *
PERFORMANCE MEASURES	Q2 2014			Q3 2014			Q4 2014			Q1 2015					
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
Patient Experience															
Willing to Recommend Hosp (% top box)	65	48	56	65	50	54	86	67	60	70	67	67	66	85	-19%
Communication with Doctors (% top box)	70	97	85	87	81	93	80	78	80	78	80	81	86	88	-2%
Communication with Nurses (% top box)	75	84	70	88	85	84	91	52	82	74	79	78	78	86	-8%
Cleanliness (% top box)	65	62	75	83	67	56	50	44	71	61	65	67	74	77	-3%

ACHN

CCHHS QPS Committee Dashboard															
Data as of 06-09-2015	CY 2014									CY 2015				TARGET	VARIANCE *
PERFORMANCE MEASURES	Q2 2014			Q3 2014			Q4 2014			Q1 2015					
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr		
ACHN															
Diabetes Control % with Hgb A1C < 9%	73			77			78			74	73	73	73	78	-5%
Immunizations: Up to date in children at 24 months (%)	87			57			68			60	49	58	81	86	-5%
Patient Experience: Moving Through Visit	68			68			67			65	68	67	68	75	-7%
Patient Experience: Telephone Access	60			63			62			70	53	64	64	75	-11%

Board Quality Dashboard

CCHHS QPS Committee Dashboard	CCHHS Board Metrics - Quality							
Data as of 06/9/2015								
PERFORMANCE MEASURES	CY 2014				CY 2015		TARGET	VARIANCE*
	1Q14	2Q14	3Q14	4Q14	1Q15	2Q15 Apr		
Stroger								
Core Measures	**Monthly Composite**							
Venous Thromboembolism (VTE) Prevention (%)	81	80	88	85	83	84	99%	-16%
Efficiency - Operating Room	**Monthly %**							
Surgery Begins at the Scheduled Time (%)	34	44	37	38	46	56	80%	-34%
Safety	**Total # of Events**							
Events: Ulcers, Falls, CLABSI and CAUTI	41	29	26	13	22	7		
Patient Experience								
Willing to Recommend Hosp (% top box)	55	62	67	68	73	66	85%	-12%
Provident								
Core Measures								
Venous Thromboembolism (VTE) Prevention (%)	71	90	92	89	98	95	99%	-1%
Efficiency - Operating Room	**Monthly %**							
Surgery Begins at the Scheduled Time (%)	32	44.3	37	38	16	45	80%	-64%
Patient Experience								
Willing to Recommend Hosp (% top box)	67	56	56	71	68	66	85%	-17%
ACHN								
Diabetes Control % with Hgb A1C < 9%	76	73	77	78	73	73	78%	-5%
Patient Experience: Moving Through Visit	66	68	68	67	67	68	75%	-8%
Patient Experience: Telephone Access	63	60	63	62	62	64	75%	-13%

LEGEND
CLABSI: Central line-associated blood stream infections
CAUTI: Catheter-associated urinary tract infections
*Variance is target to recent full quarter

ATTACHMENT #3

COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS Board of Directors
Quality and Patient Safety Committee
The Patient Experience Initiative

June 16th, 2015

Krishna Das, MD
Chief Quality Officer

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

Patient Experience

Patient experience is defined as the sum of all interactions, shaped by an organization's culture, that influence patient perception across the continuum of care

-The Beryl Institute

Goals of the Initiative

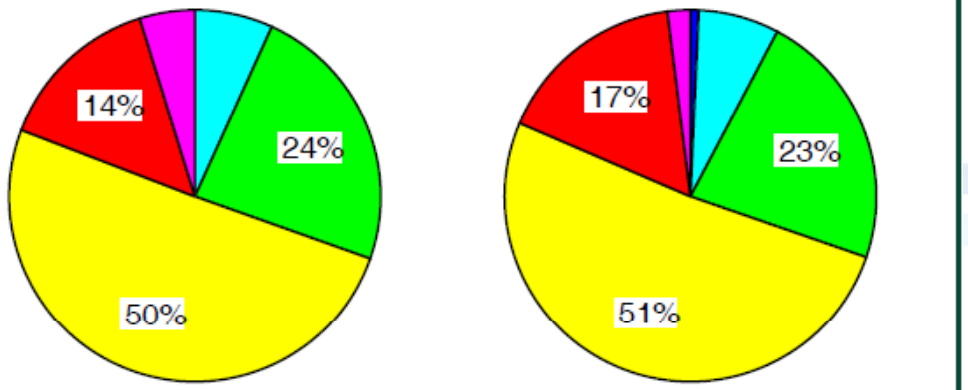
- Attract and retain patients as the provider of choice for high quality healthcare
- Attract and retain staff as the employer of choice for high quality healthcare
- Commit to and demonstrate a patient centered approach to the delivery of healthcare
- Create a lasting, system wide culture of service and respect for the patient and the family

Patient Satisfaction Data

- Vendor conducts surveys per CMS guidelines
  - Two hospitals
  - Ambulatory system -- 18 clinics
  - Emergency department
  - Ambulatory surgery
- Inpatient surveys
  - 15,000 mailings per year (Stroger)
  - 1,150 mailings per year (Provident)
- Ambulatory surveys
  - 25,920 mailings per year
- All surveys are sent in English and Spanish
- Return rates ~ 15%

Overview of Survey Respondents*
Age Distribution

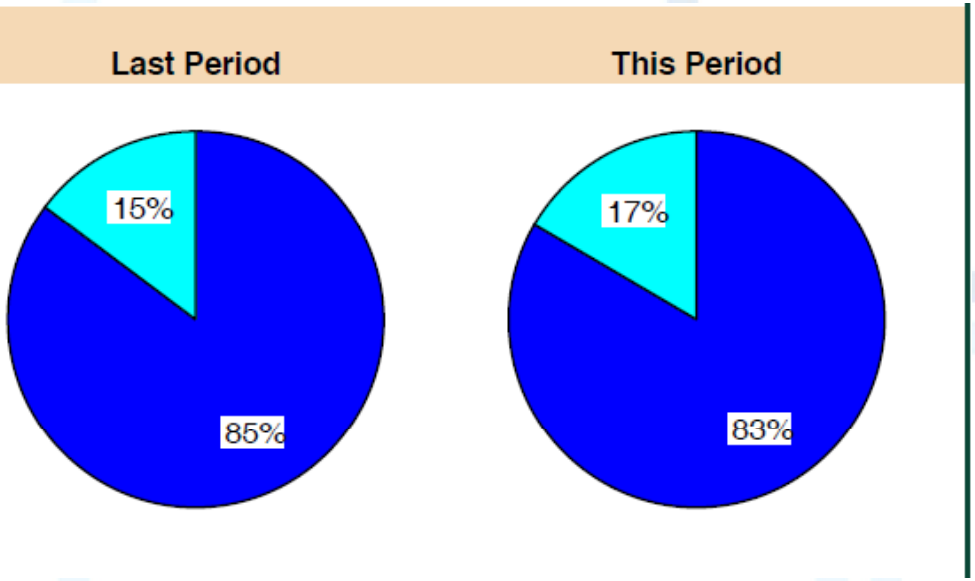
Question Response	Last Period *n*	 %	This Period *n*	 %
Age				
0-17 Yrs			4	1
18-34 Yrs	17	7	39	7
35-49 Yrs	59	24	125	23
50-64 Yrs	126	50	284	51
65-79 Yrs	36	14	92	17
80+ Yrs	12	5	11	2
Total	250		555	



* Stroger only; Provident and ACHN are similar

Overview of Survey Respondents*
Language

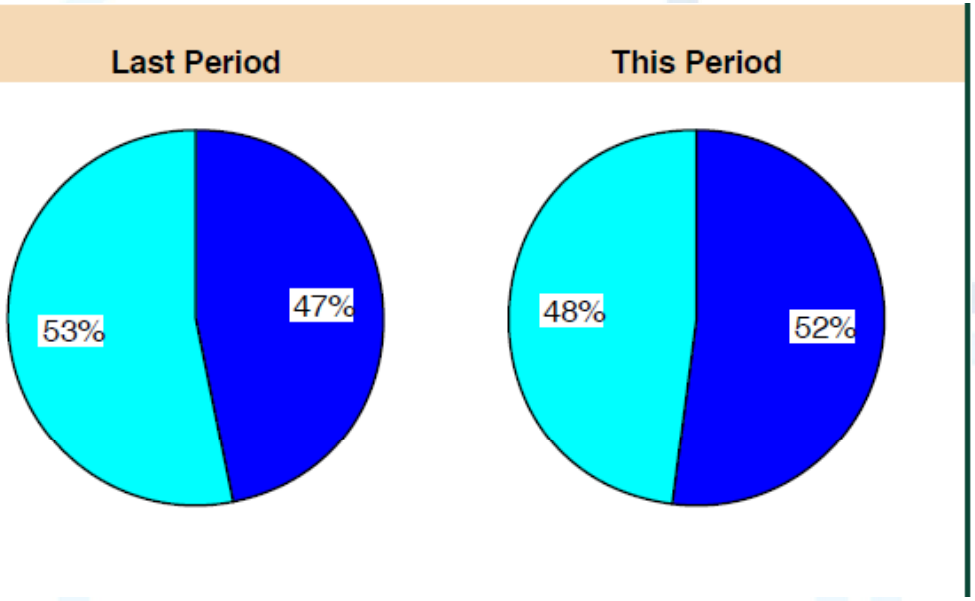
Question Response	Last Period *n*	 %	This Period *n*	 %
Language of survey				
English	213	85	463	83
Spanish	37	15	92	17
Total	250		555	



* Stroger only; Provident and ACHN are similar

Overview of Survey Respondents*
Gender

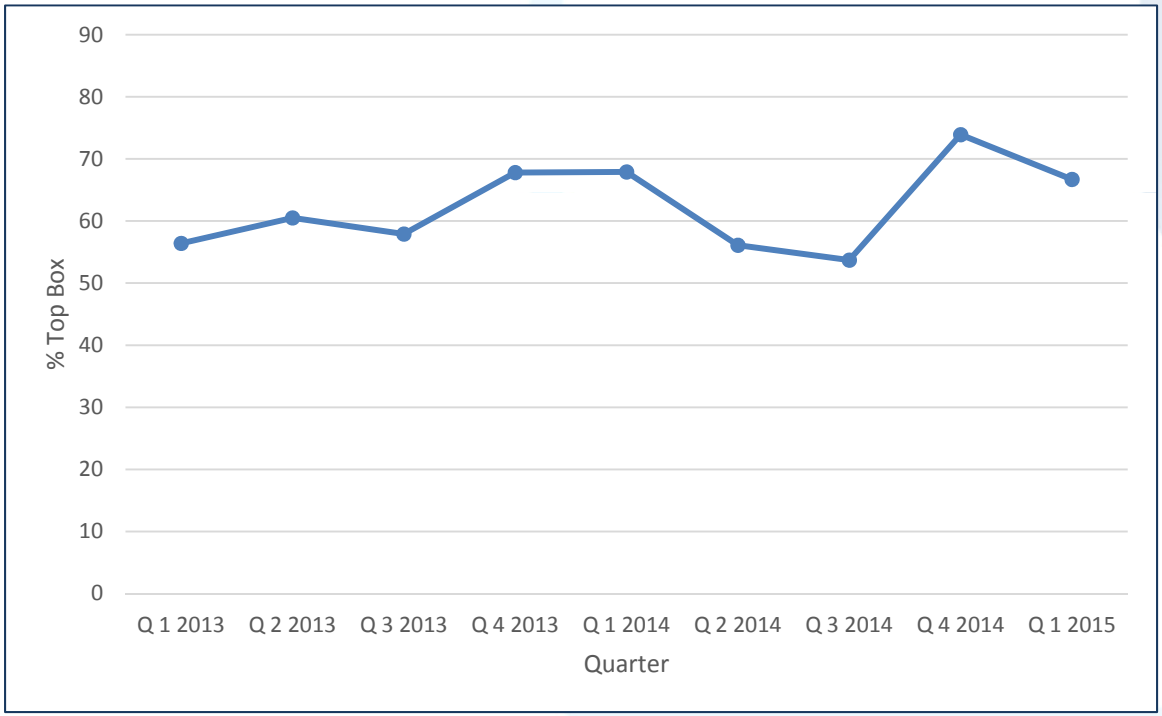
Question Response	Last Period *n*	 %	This Period *n*	 %
Sex				
Male	117	47	289	52
Female	133	53	266	48
Total	250		555	



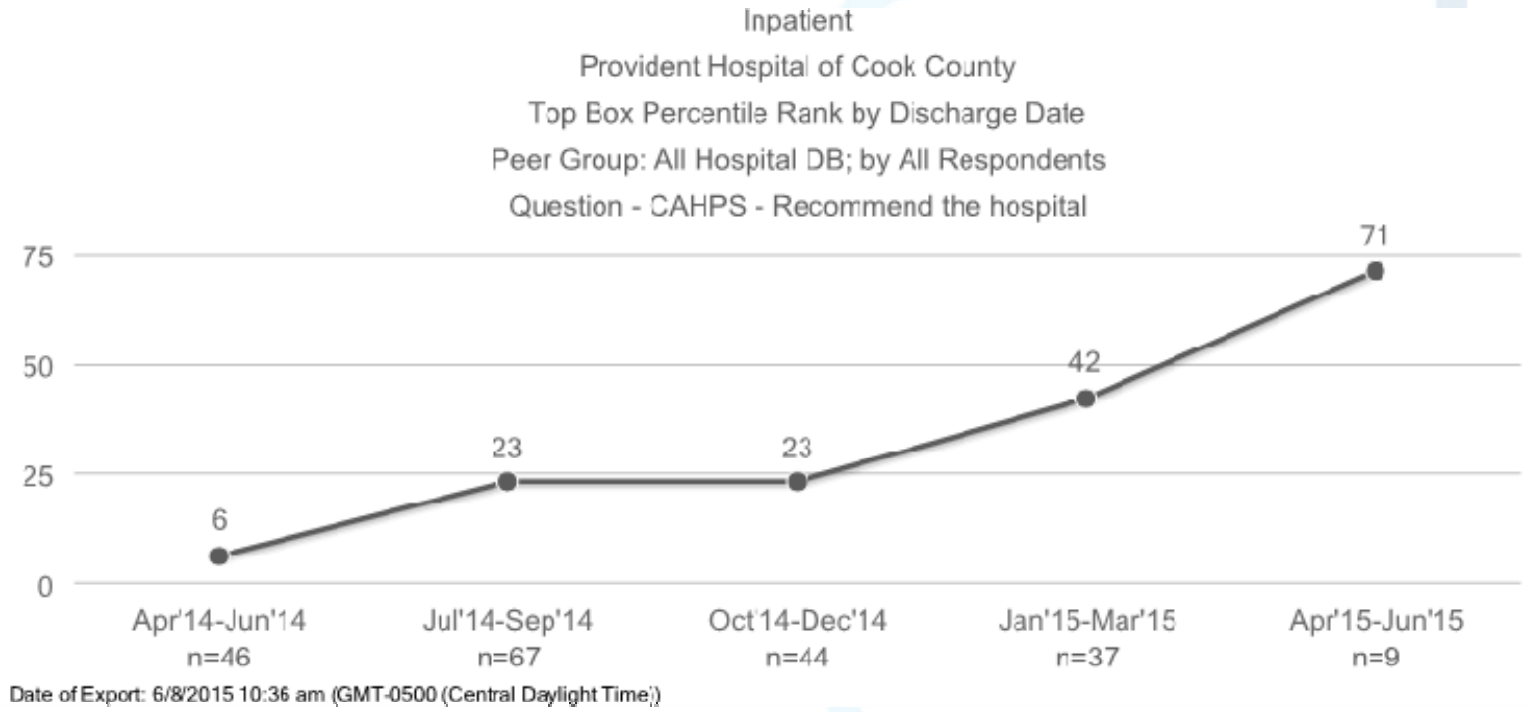
* Stroger only; Provident and ACHN are similar

Provident Data – Willingness to Recommend Top Box %

Target = 85% (90th %ile)

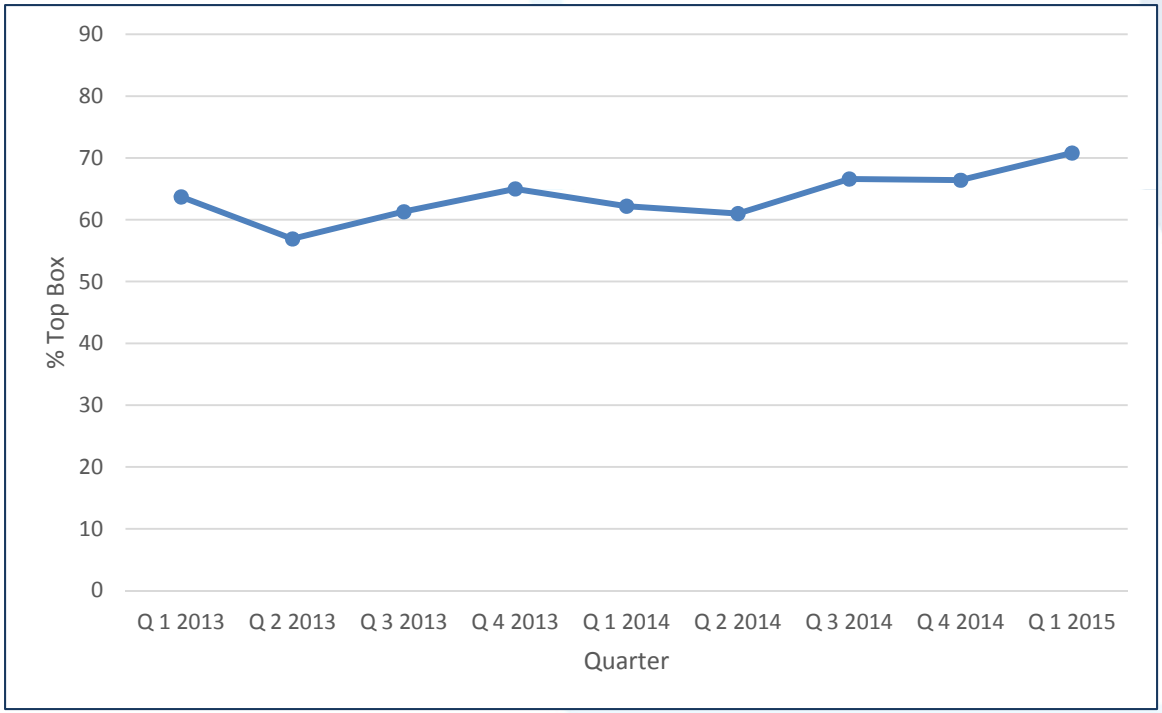


Provident Data – Willingness to Recommend Top Box % ile

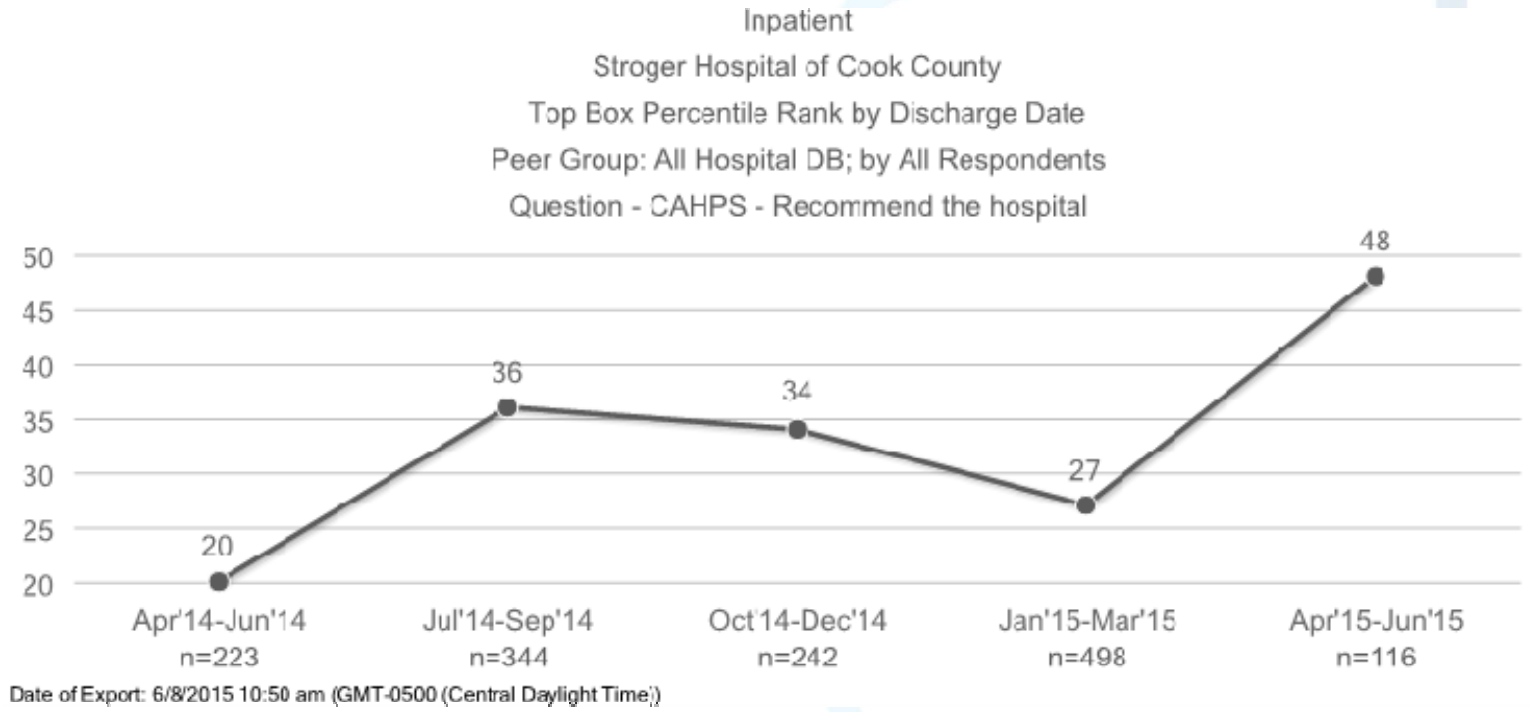


Stroger Data – Willingness to Recommend Top Box %

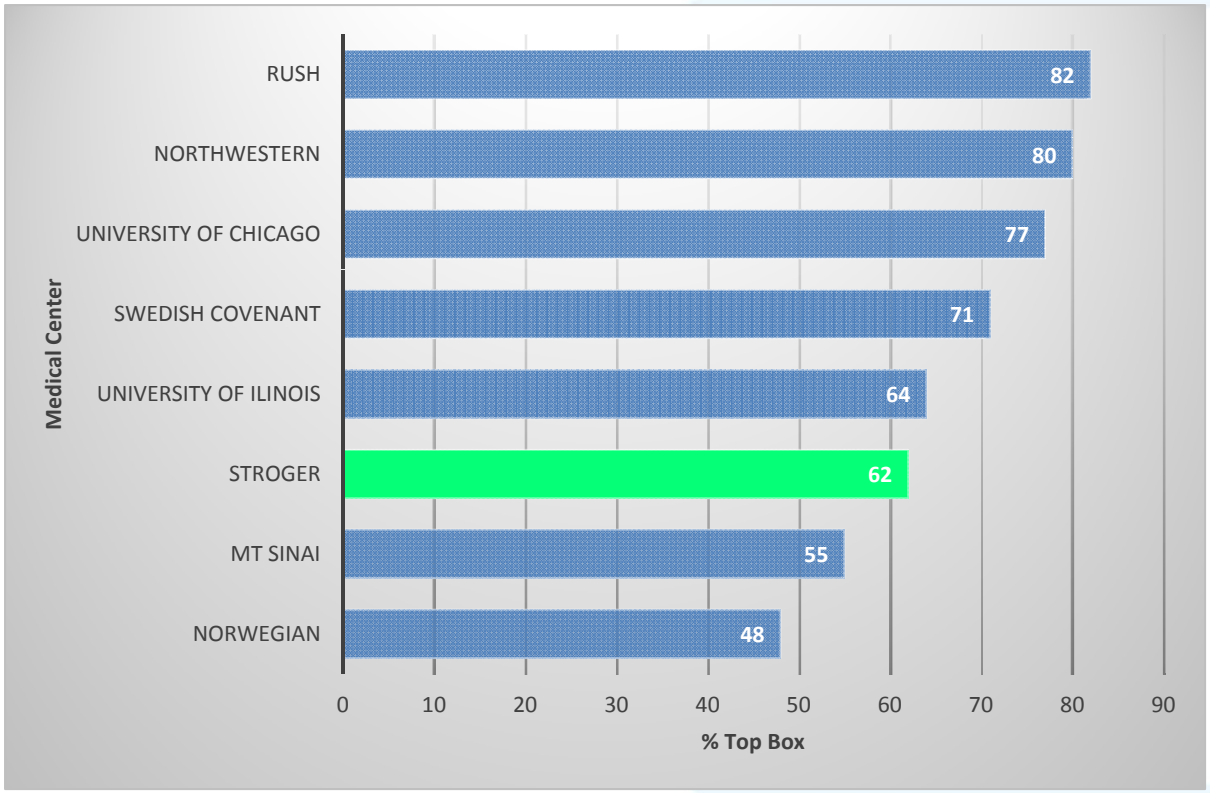
Target = 85% (90th %ile)



Stroger Data – Willingness to Recommend Top Box % ile

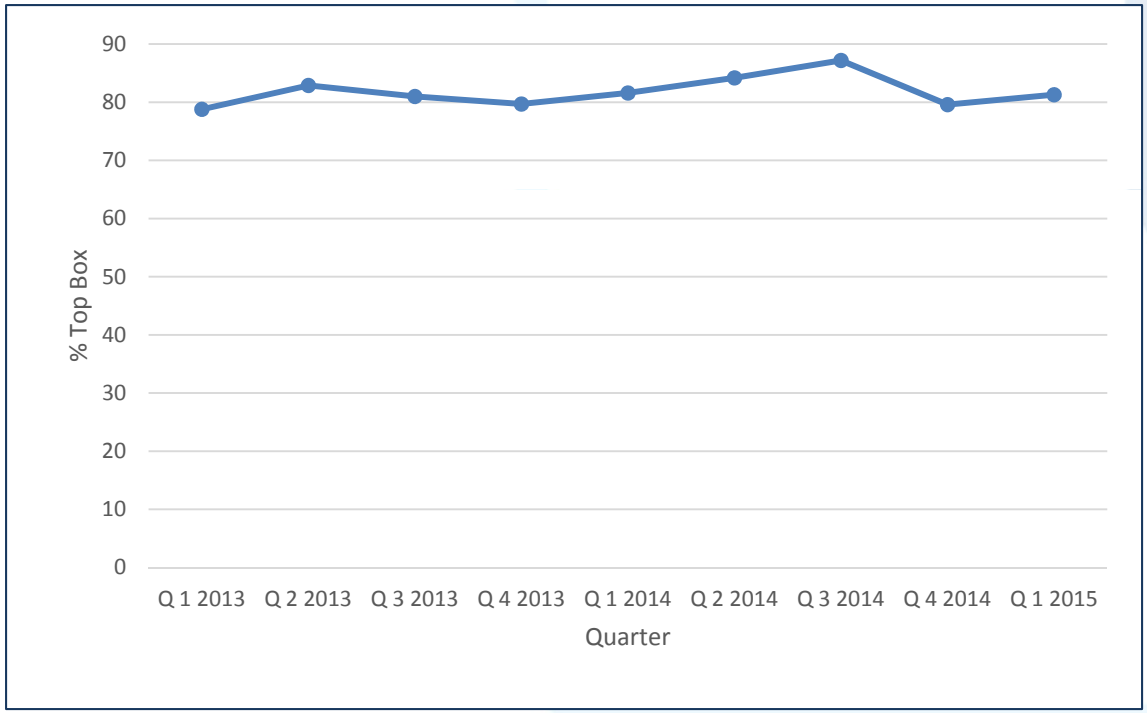


Willingness to Recommend Local Comparisons



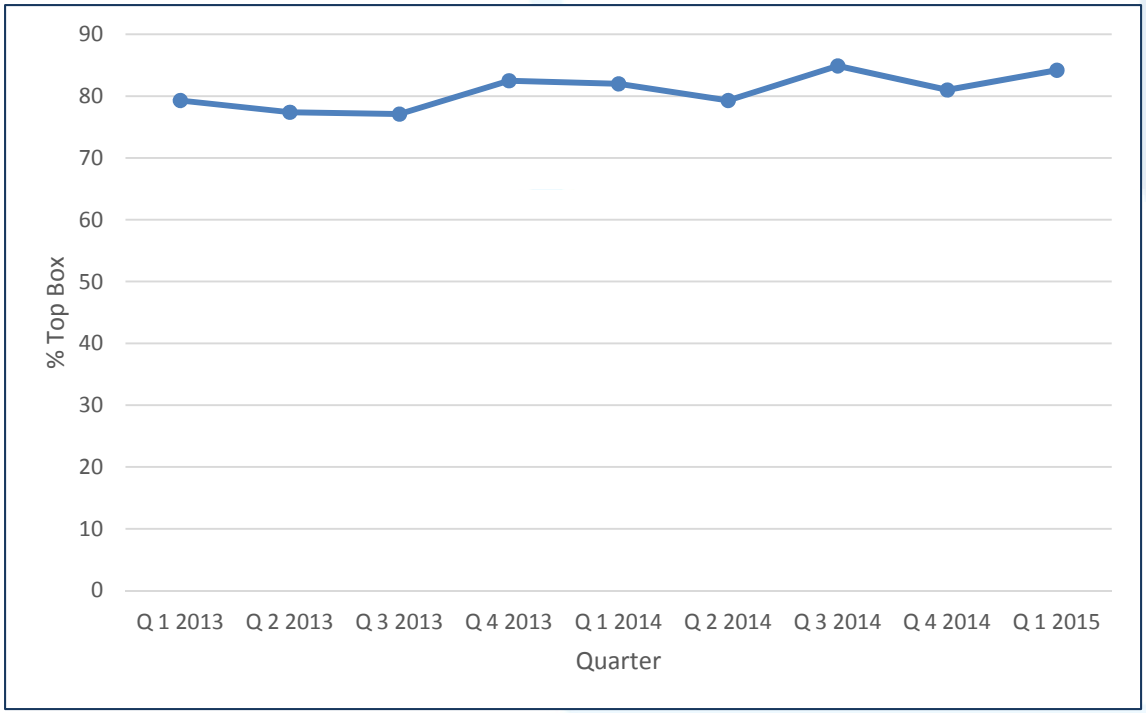
Provident Data – Communication with Doctors Top Box %

Target = 88% (90th %ile)

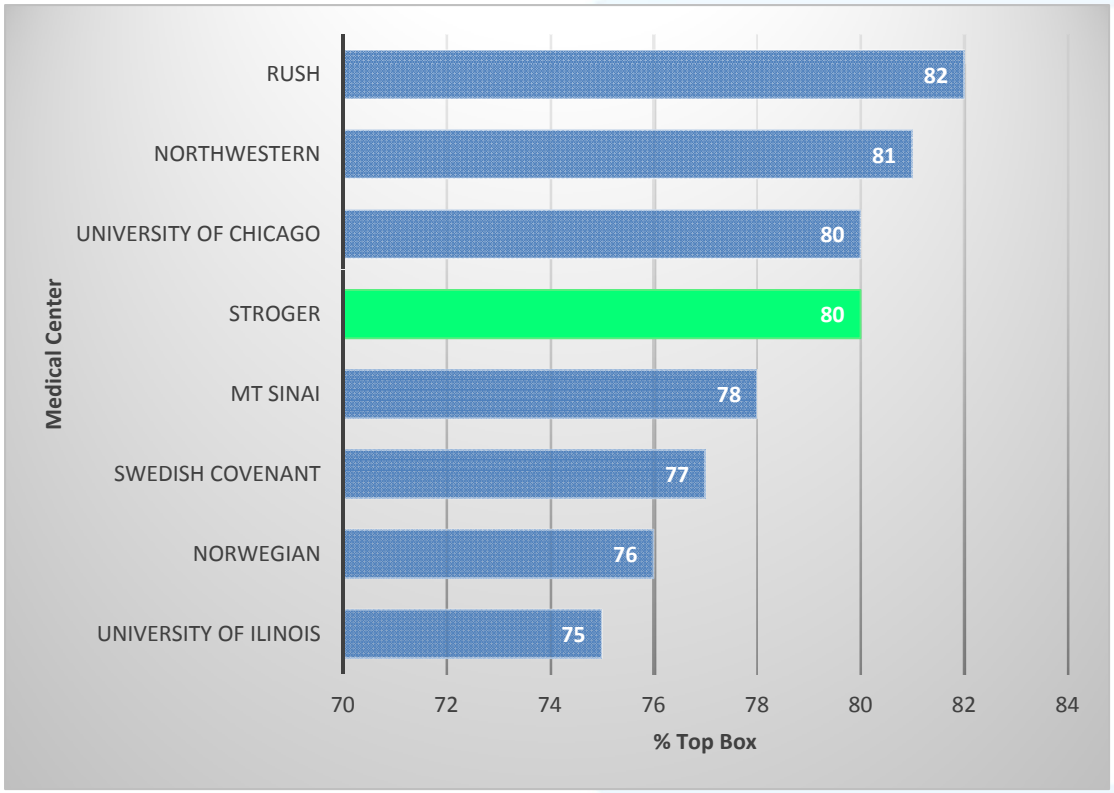


Stroger Data – Communication with Doctors Top Box %

Target = 88% (90th %ile)

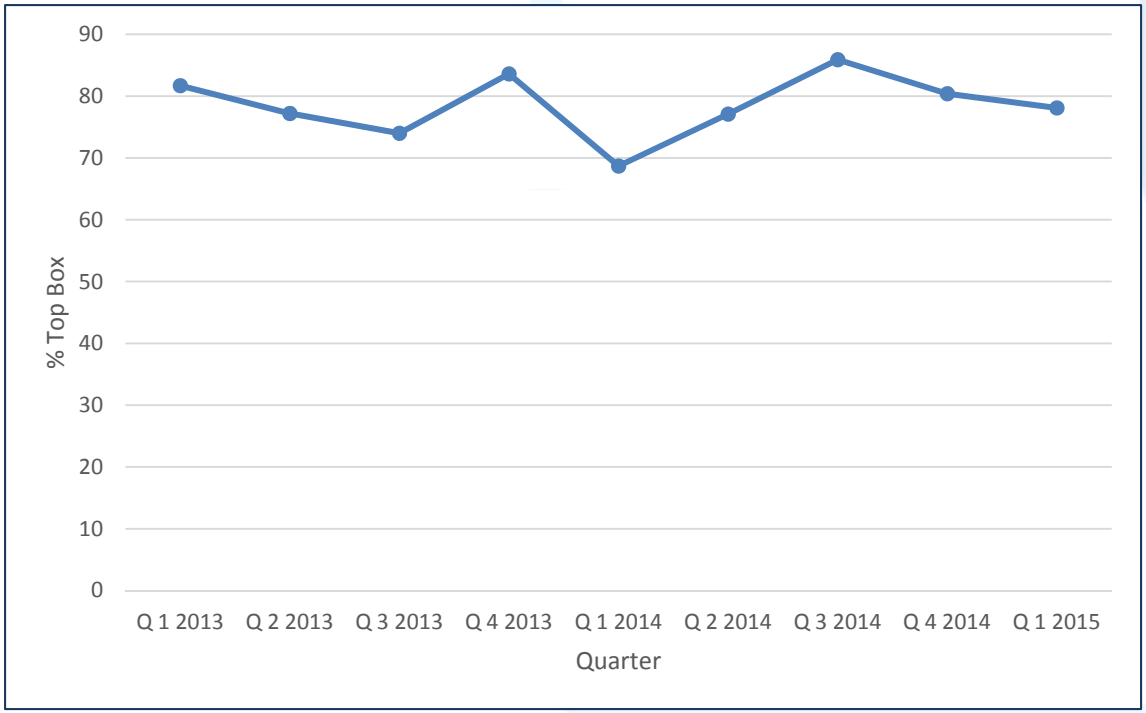


Communication with Doctors
Local Comparisons



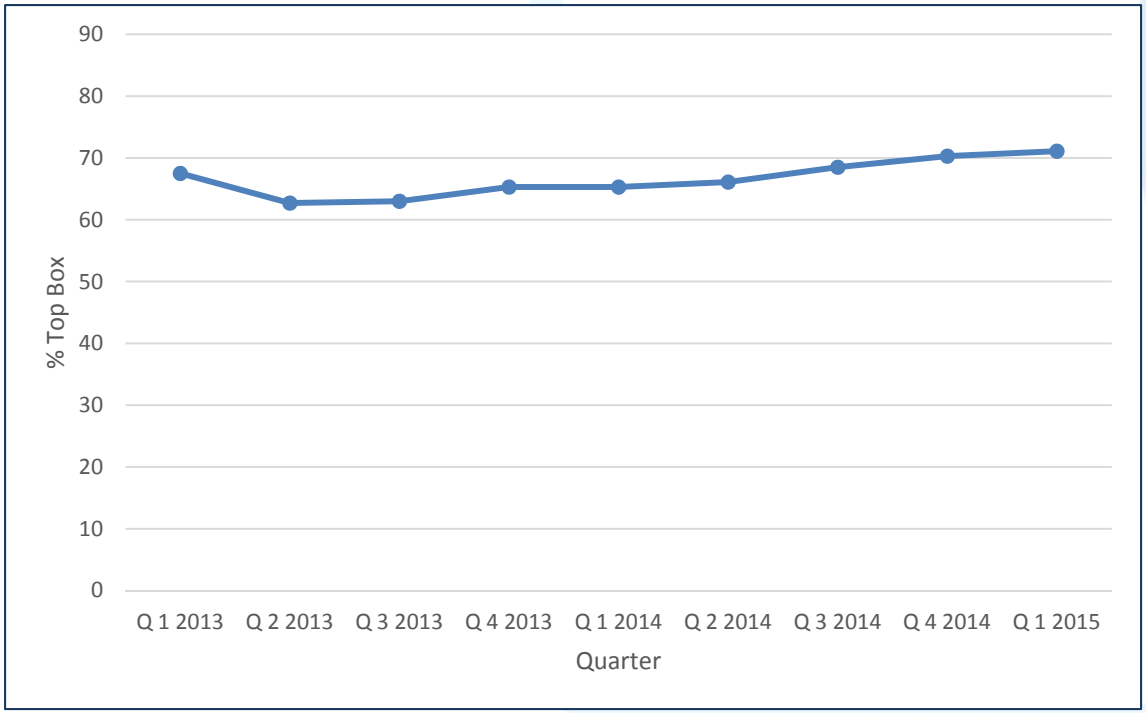
Provident Data – Communication with Nurses Top Box %

Target = 86% (90th %ile)

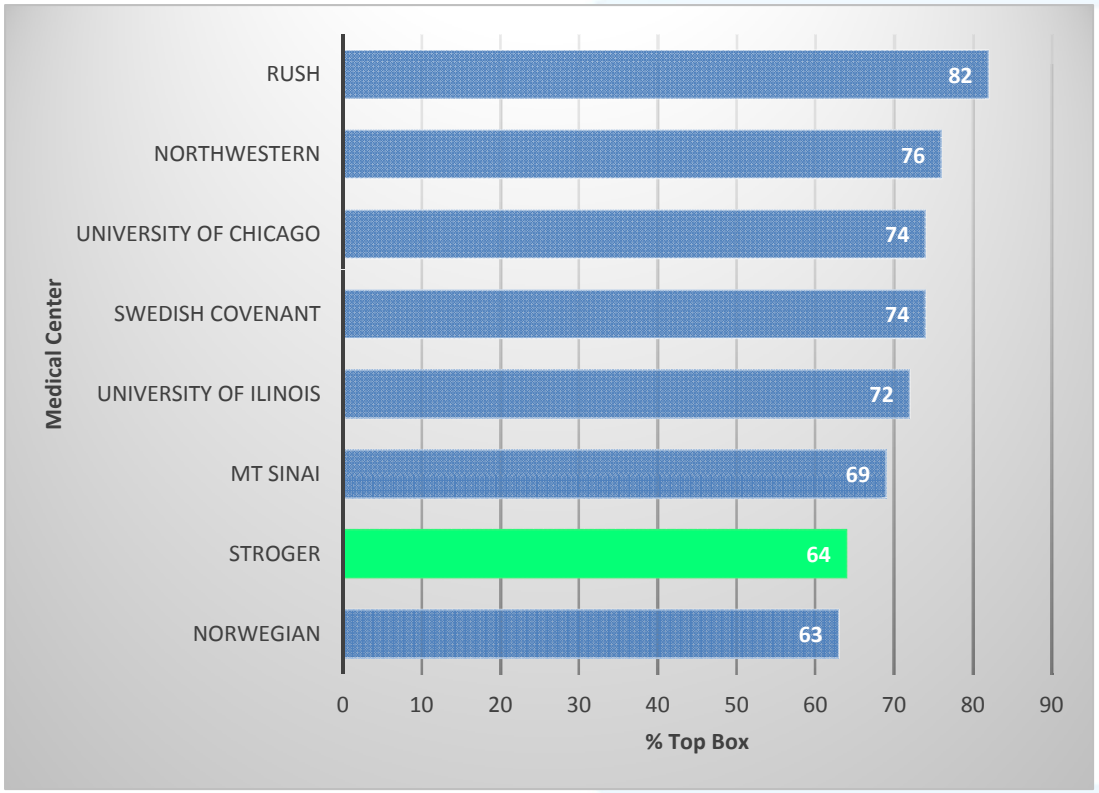


Stroger Data – Communication with Nurses Top Box %

Target = 86% (90th %ile)

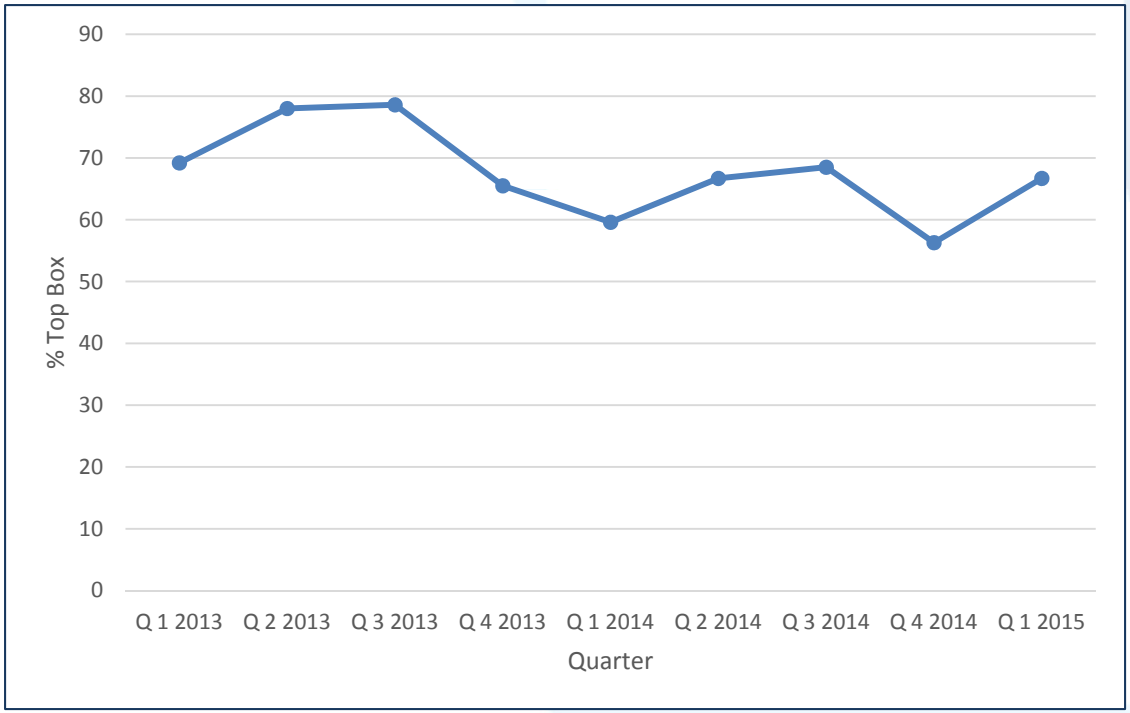


Communication with Nurses
Local Comparisons



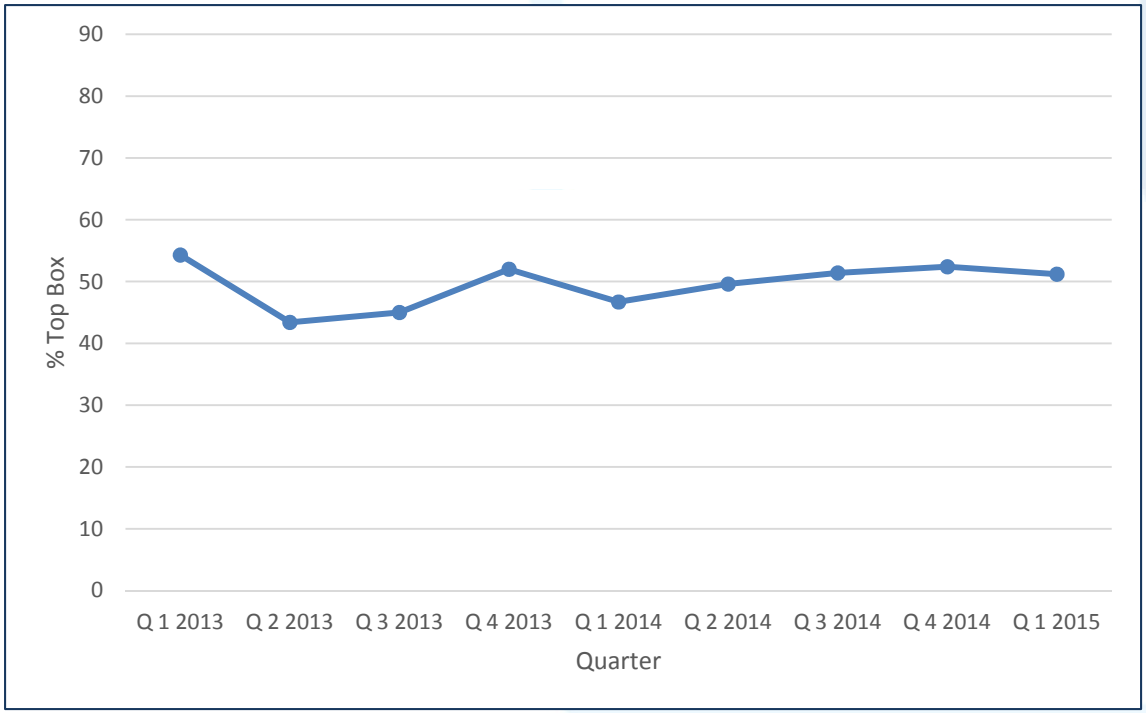
Provident Data - Cleanliness Top Box %

Target = 77% (90th %ile)



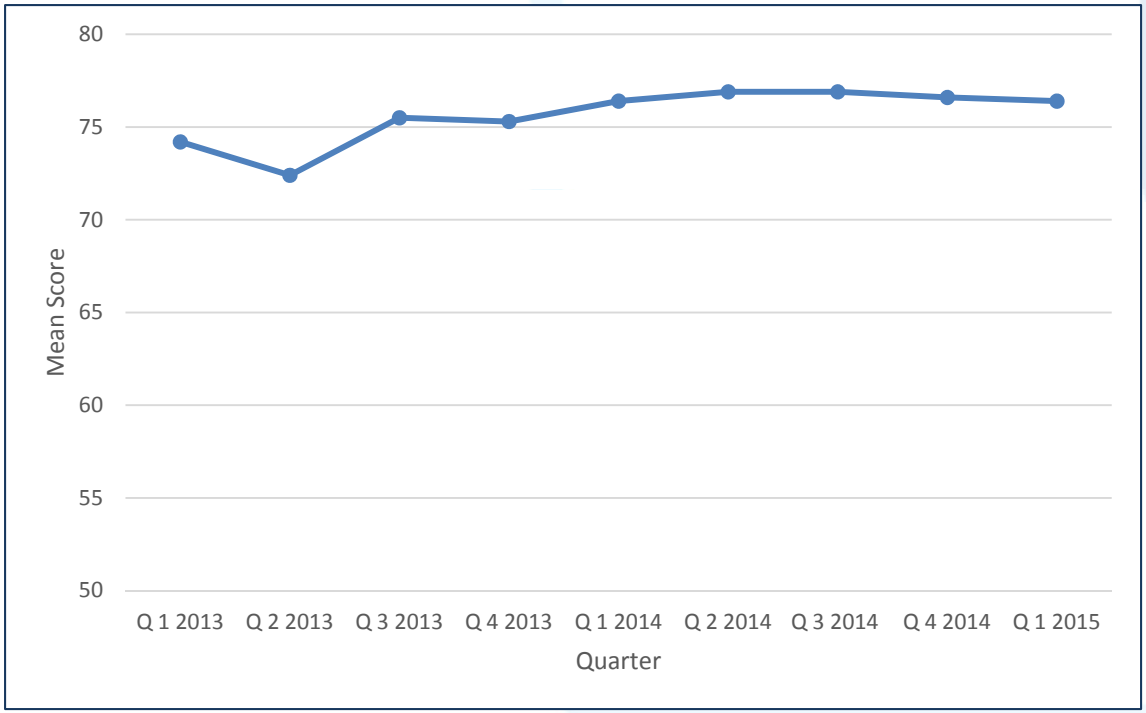
Stroger Data - Cleanliness Top Box %

Target = 77% (90th %ile)



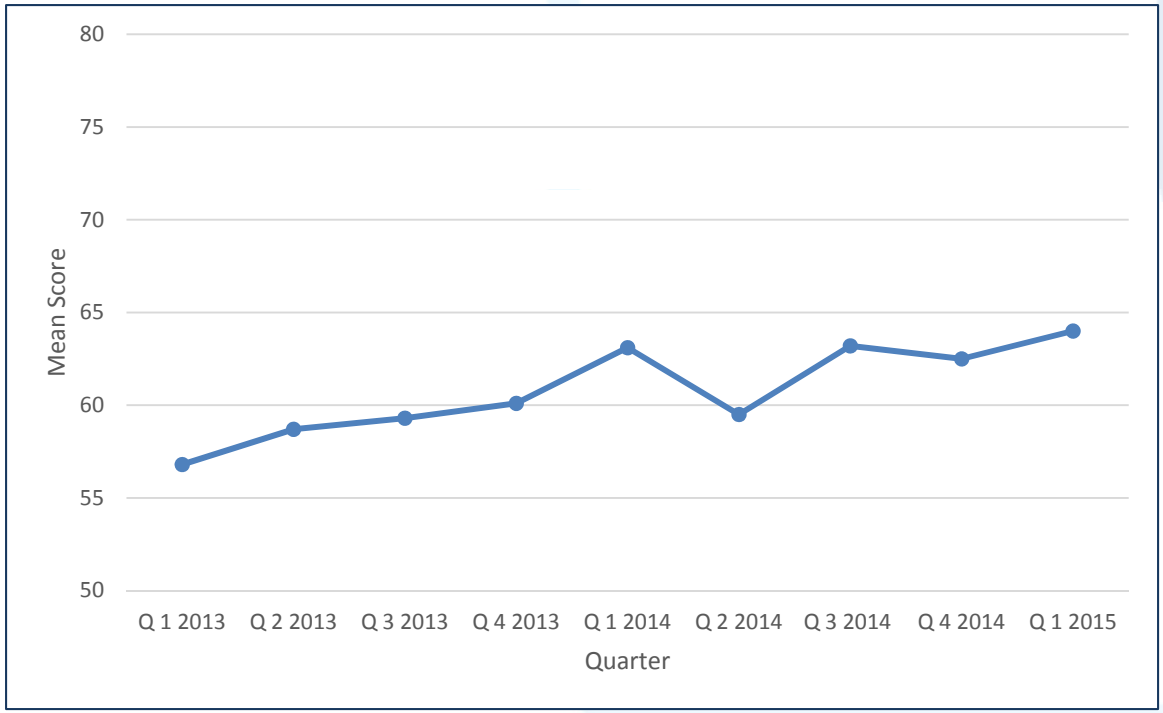
ACHN Data – Overall Assessment of Clinic Quarterly Mean Score

Target = 75%



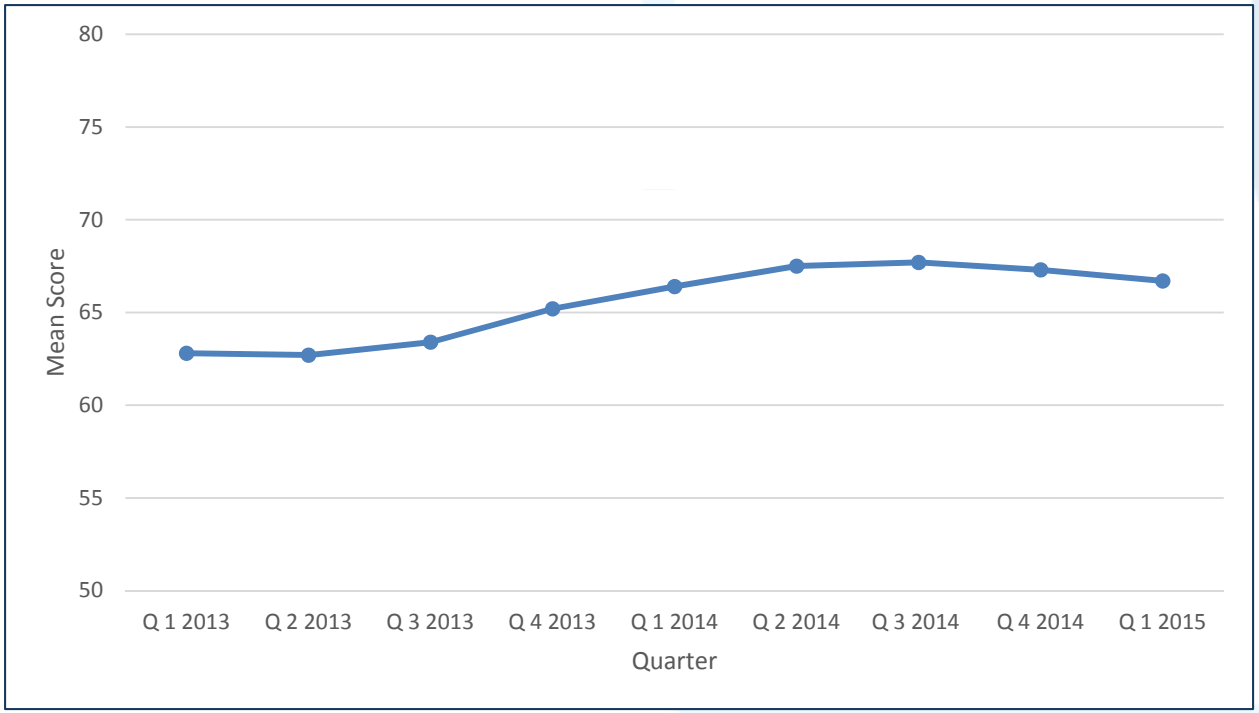
ACHN Data – Ease of Getting Clinic on Phone Quarterly Mean Score

Target = 75%



ACHN Data – Moving Through your Visit Quarterly Mean Score

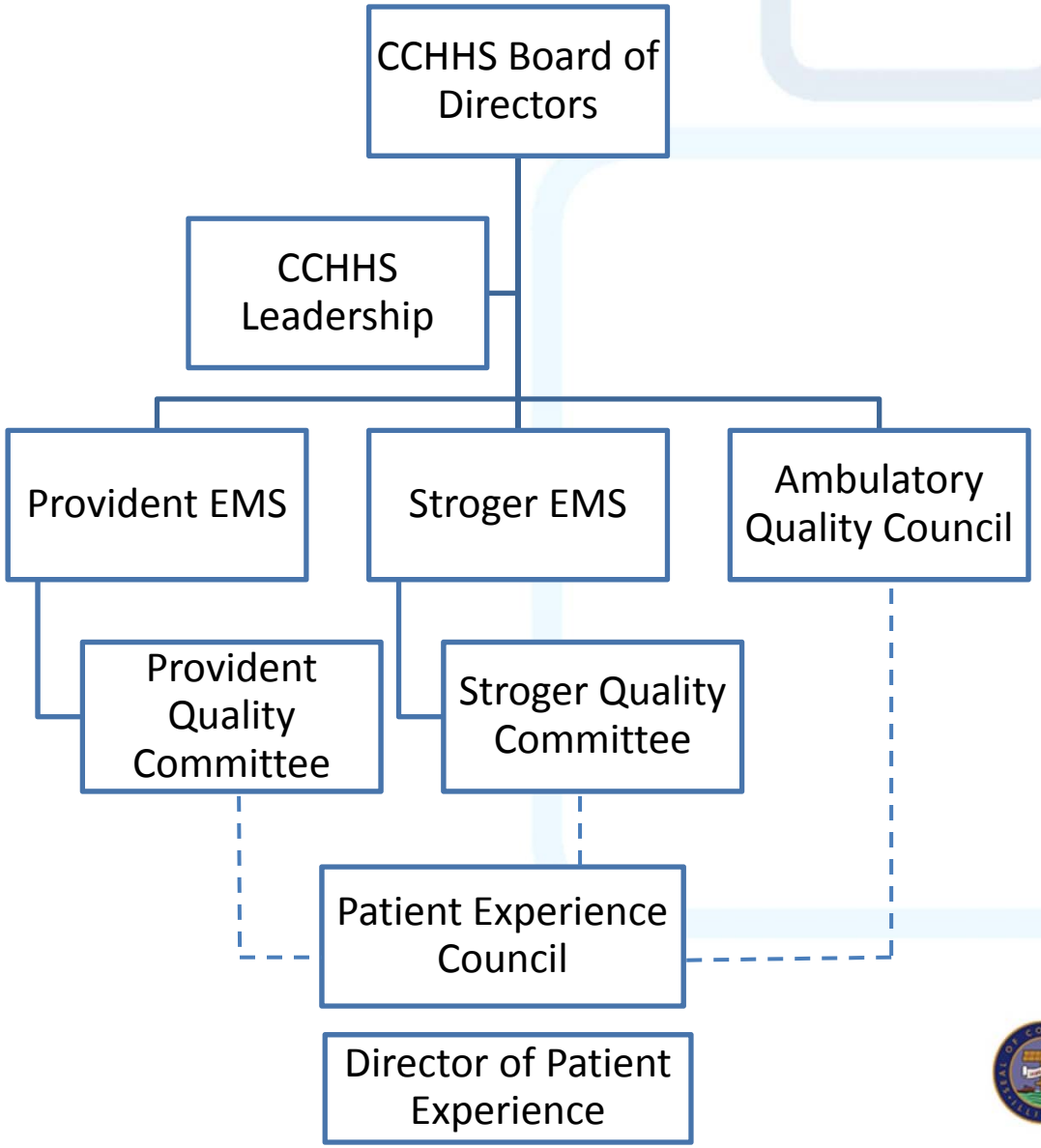
Target = 75%



Overview of the Patient Experience Initiative

- System wide involvement
  - Past efforts have been fragmented
  - Impetus from leadership
- Evidence based interventions
  - Utilize best practices
- Data driven performance improvement
  - Create access to data
  - Publicize targets to staff

Governance of the Patient Experience Initiative



Patient Experience Work Plan

- Customer service training
  - Developed internally; incorporating best practices
  - Utilize input and data from vendors
  - New employee engagement sessions
- Leadership and accountability
  - Demonstrate priority/ role modeling
  - Empower managers to track data and implement interventions
- Operational enhancements

Customer Service Training

- Three part training sessions
  - Basic customer oriented behavior
  - Developing and expressing empathy
  - Basics of service recovery
  - 'Train the trainer' concepts built in
- Pilot complete with volunteer group (finance) and key managers; program evaluation has been excellent and interest in training is high
- Roll out by department and ambulatory site

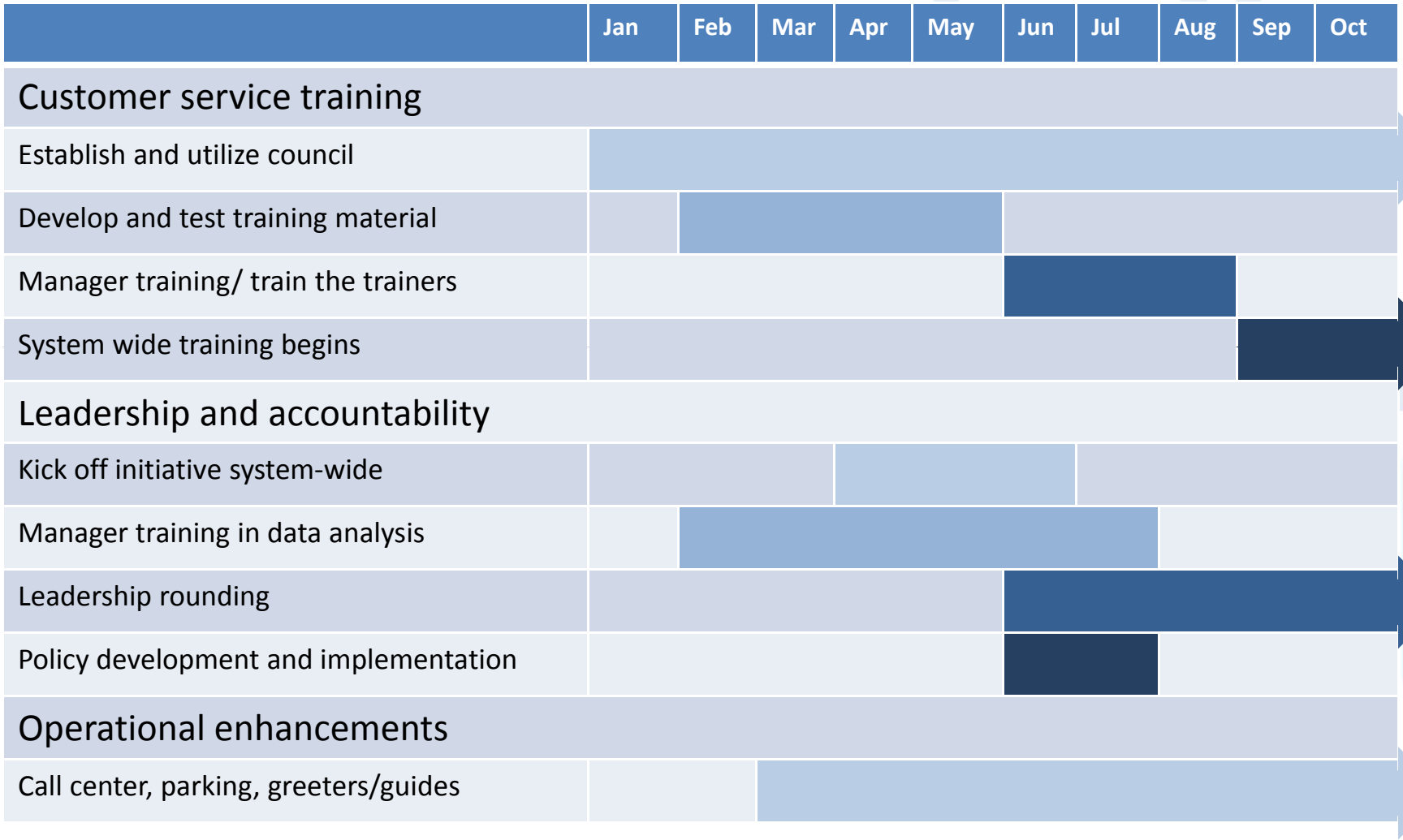
Leadership and Accountability

- Kick off to demonstrate system priority
- Leadership ‘walk-rounds’ to reinforce concepts
- Manager training in acquiring and displaying data
- Regular data presentations at quality committees
- System policies on customer service behavior

Operational Enhancements

- Telephone access- call center
- Environmental service enhancement and oversight
- Plans to improve patient access to parking
- Greeters and volunteers for welcome and way-finding
- Wheelchair access for subspecialty clinic patients
- Plan patient and family engagement for feedback

Timeline


Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Customer service training
Establish and utilize council
Develop and test training material
Manager training/ train the trainers
System wide training begins
Leadership and accountability
Kick off initiative system-wide
Manager training in data analysis
Leadership rounding
Policy development and implementation
Operational enhancements
Call center, parking, greeters/guides

ATTACHMENT #4

CCHHS Affiliations Proposed Revised List of 2015 Agreements

June 16, 2015
Meeting of the
Quality and Patient Safety Committee

APPROVED

JUN 26 2015

BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM

Proposed revised Summary of Agreements for 2015

Program	FTE residents	Contract Length-Yrs	Max. Ann. Reimbursed/Revenue
Rush Emergency Medicine	8	3	$546,846.00
McGaw -Neurosurgery	2.5	2	$398,660.00
McGaw – OB/Gyne	**15**	**2**	**$1,088,719**
Midwestern (Prov Emerg. Med)	6.36	1	$615,076.00
St Francis-Ortho	2	1	$144,661.00
St Francis-Trauma	1.6	1	$0.00
Loyola Fam Medicine	33	1	$2,877,025.00
Lutheran Gen. Hospital - Master	N/A	5	N/A
LGH Colon/Rectal Fellow	1	3	$0.00
Christ - Master	N/A		N/A
Christ Anesthesia	1	3	$0.00
Christ Urology	2	3	$320,000.00
Christ Neonatology	0.3	3	$0.00
UIC Pathology	5	1	$460,489.00
UIC Adolescent Medicine	1	2	$0.00
UIC Pharmacy Resident	0.14	2	$0.00
Univ. of Chicago-Master	N/A	10	N/A
St Anthony-Pediatrics	2	3	$121,500.00
Northshore - Emergency Med.	4	2	$243,000.00
Mount Sinai - Master	N/A	5	N/A
Lurie - Master	N/A	5	N/A
Shawnee Black Lung Clinic	<0.1	3	$0.00

This list of agreements was originally presented and recommended for approval at the May 12, 2015 QPS Committee Meeting; it received CCHHS Board approval on May 31, 2015. This represents a request for approval, as amended (with inclusion of McGaw OB/Gyne Agreement).

ATTACHMENT #5

Toni Preckwinkle
President
Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer
Cook County Health & Hospitals System

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

Cook County Health & Hospitals System Board Members

M. Hill Hammock • Chairman
Commissioner Jerry Butler • Vice Chairman
Lewis Collens
Ric Estrada
Ada Mary Gugenheim
Emilie N. Junge
Wayne M. Lerner, DPH, FACHE
Erica E. Marsh, MD MSCI
Carmen Velasquez
Dorene P. Wiese, EdD

Ozuru O. Ukoha, MD
President,
Executive Medical Staff
John H. Stroger, Jr.
Hospital of Cook County

Date: June 10, 2015

Dear members of the Quality and Patient Safety Committee of the CCHHS Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger, Jr. Hospital of Cook County, at its June 9, 2015 meeting, approved the attached list of medical staff action items for your consideration.

Respectfully,

Ozuru O. Ukoha, MD
President, EMS

John H. Stroger, Jr. Hospital of Cook County

Medical Staff and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Atty, Corinne E. DO Appointment Effective:	Radiology June 16, 2015 thru June 15, 2017	Active Physician
Campbell-Lee, Sally, MD Appointment Effective:	Pathology/Blood Bank June 16, 2015 thru June 15, 2017	Voluntary Physician
Hajrasouliha,Amir Reza, MD Appointment Effective:	Surgery/Ophthalmology June 16, 2015 thru June 15, 2017	Active Physician
Jonsson, Martina C., MD Appointment Effective:	Psychiatry/Adult Psychiatry June 16, 2015 thru June 15, 2017	Active Physician
Lee, Justin H., MD Appointment Effective:	Surgery/Pediatric Surgery June 16, 2015 thru June 15, 2017	Consulting Physician
Raiji, Veena R., MD Appointment Effective:	Surgery/Ophthalmology June 16, 2015 thru June 15, 2017	Active Physician
Schmidt, Mary Lou, MD Appointment Effective:	Pediatrics/Hematology/Oncology June 16, 2015 thru June 15, 2017	Voluntary Physician

INITIAL APPOINTMENT NON-PHYSICIAN APPLICATIONS

Cook, Sara E., PA-C With Paul, Reena D., MD Alternate Holloway, Lillian F., MD Effective:	Correctional Health Srvcs June 16, 2015 thru June 15, 2017	Physician Assistant
Roberts, Kathy L., CNP With Irons, Sharon A., MD Appointment Effective:	Medicine/General Medicine June 16, 2015 thru June 15, 2017	Nurse Practitioner

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology:

Parsaei, Shekofeh, MD Reappointment Effective:	Peds Anesthesia July 30, 2015 thru July 29, 2017	Active Physician
Tyler, Serge, MD Reappointment Effective:	Anesthesia July 9, 2015 thru July 8, 2017	Active Physician

Department of Correctional Health Services:

Makhael, Fayez, MD Reappointment Effective:	Family Medicine July 28, 2015 thru July 27, 2017	Active Physician

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JUNE 16, 2015

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Emergency Medicine:

Bailitz, John, MD Reappointment Effective:	Emergency Medicine July 09, 2015 thru July 08, 2017	Active Physician
Couture, Eileen, DO Reappointment Effective:	Emergency Medicine July 11, 2015 thru July 10, 2017	Voluntary Physician
Kysia, Rashid, MD Reappointment Effective:	Emergency Medicine July 11, 2015 thru July 10, 2017	Active Physician

Department of Family and Community Medicine:

Crawford, Tais, MD Reappointment Effective:	Family Medicine June 16, 2015 thru June 15, 2016	Active Physician

Department of Medicine:

Anoopa, Koshy, MD Reappointment Effective:	Endocrinology August 14, 2015 thru August 13, 2017	Active Physician
Ezeokoli, Chukwudozie, MD Reappointment Effective:	Hospital Medicine July 28, 2015 thru July 27, 2017	Active Physician
Garcia, Marlon, MD Reappointment Effective:	Hospital Medicine July 10, 2015 thru July 9, 2017	Active Physician
Guerra, Yannis, MD Reappointment Effective:	Endocrinology July 28, 2015 thru July 27, 2017	Active Physician
Muzzafar, Shirin, MD Reappointment Effective:	Pulmonary/Critical Care August 26, 2015 thru August 25, 2017	Active Physician
Papiez, Gregory, MD Reappointment Effective:	General Medicine August 26, 2015 thru August 25, 2017	Active Physician
Rubinstein, Paul, MD Reappointment Effective:	Hematology/Oncology July 28, 2015 thru July 27, 2017	Active Physician

Department of Obstetrics and Gynecology:

Burtch, Radha, MD Reappointment Effective:	Ob/Gyne July 28, 2015 thru July 27, 2017	Active Physician
O'Neill, Erica, MD Reappointment Effective:	Ob/Gyne July 10, 2015 thru July 09, 2017	Active Physician

Department of Pathology:

Alagiozian-Angelova, Victoria, MD Reappointment Effective:	Anatomic Pathology July 30, 2015 thru July 29, 2017	Active Physician
Senseng, Carmencita, MD Reappointment Effective:	Pathology July 28, 2015 thru July 27, 2017	Active Physician
Shi, Feinan, MD Reappointment Effective:	Pathology July 19, 2015 thru July 18, 2017	Affiliate Physician

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JUNE 16, 2015

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Pediatrics:

Bandepalli, Chandrarekha, MD Reappointment Effective:	Neonatology July 10, 2015 thru July 9, 2017	Active Physician
Bandi, Sindhura, MD Reappointment Effective:	Allergy and Immunology July 10, 2015 thru July 9, 2017	Voluntary Physician
Gafoor, Sabiha, MD Reappointment Effective:	Ped. Emergency July 1, 2015 thru June 30, 2017	Active Physician
Ochoa-Lubinoff, Cesar, MD Reappointment Effective:	Developmental-Behavioral July 28, 2015 thru July 27, 2017	Active Physician
Rastogi, Alok, MD Reappointment Effective:	Neonatology July 9, 2015 thru July 8, 2017	Active Physician
Severin, Paul Reappointment Effective:	Ped. Critical Care July 9, 2015 thru July 8, 2017	Active Physician
Shamsi, Tanveer, MD Reappointment Effective:	Ped. Emergency July 11, 2015 thru July 10, 2017	Active Physician

Department of Radiology:

Larson, John N., DO Reappointment Effective:	General Radiology July 9, 2015 thru July 8, 2017	Active Physician
Thakrar, Anupama, MD Reappointment Effective:	Radiation Oncology July 19, 2015 thru July 18, 2017	Active Physician

Department of Surgery:

Adkins, Linda J., OD Reappointment Effective:	Ophthalmology June 21, 2015 thru June 20, 2017	Affiliate Physician
Bove, Michiel, J., MD Reappointment Effective:	Otolaryngology June 16, 2015 thru June 15, 2017	Active Physician
Crawford, Clifford S., MD Reappointment Effective:	General Surgery June 21, 2015 thru June 20, 2017	Affiliate Physician
Houston, John T.B., MD Reappointment Effective:	Urology June 21, 2015 thru June 20, 2017	Active Physician
Kanard, Robert C., MD Reappointment Effective:	Pediatric June 16, 2015 thru June 15, 2017	Voluntary Physician
Magnani, Jason J., MD Reappointment Effective:	Orthopaedics June 21, 2015 thru June 20, 2017	Active Physician

Renewal of Privileges for Non-Medical Staff:

Ellis, Pamela J., CRNA Effective:	Anesthesiology June 16, 2015 thru June 15, 2017	Nurse Anesthetist
Jeudy, Myrline, CNP With Davidovich, Michael J., MD Effective:	Medicine / General Medicine June 16, 2015 thru June 15, 2017	Nurse Practitioner

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JUNE 16, 2015

John H. Stroger, Jr. Hospital of Cook County

Renewal of Privileges for Non-Medical Staff (continued):

Nwabudike, Sinchieze, PA-C With Gamble, Tondalaya, MD Alternate Abrego, Fidel, MD With Feldman, Elizabeth, MD Alternate Mekhael, Fayez M., MD Effective:	OB/GYN Correctional Health Services June 16, 2015 thru June 15, 2017	Physician Assistant
Rescober, Teresita M., CNS With Nguyen, Tuan M., MD Effective:	OB/GYN June 16, 2015 thru June 15, 2017	Clinical Nurse Specialist
Rogers, Tracy, PhD Reappointment Effective:	Correctional Health Services July 10, 2015 thru July 09, 2017	Clinical Psychologist
Sanchez, Luis M., PA-C With Richardson, Stamatia Z., MD Alternate Marasigan, Ligaya V., MD Effective:	Correctional Health Services June 19, 2015 thru June 18, 2017	Physician Assistant
Strong, Shelby D., CNP With Smith, Patrika L., MD Effective:	Medicine / General Medicine June 16, 2015 thru June 15, 2017	Nurse Practitioner
Szpur, Mary V., PA-C With Herrera, Patricia MD Alternate Schwartz, David, MD Effective:	Medicine / Infectious Disease June 21, 2015 thru June 20, 2017	Physician Assistant

Prescriptive Authority Only:

Miller, Nicole A., PA-C With Keen, Richard, MD Alternate Farlow, Erin, MD Effective:	Surgery/Vascular Surgery June 16, 2015 thru February 16, 2017	Physician Assistant

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE ON JUNE 16, 2015

Toni Preckwinkle
President
Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer
Cook County Health & Hospitals System

COOK COUNTY HEALTH & HOSPITALS SYSTEM
CCHHS

Cook County Health & Hospitals System
Board Members
M. Hill Hammock • Chairman
Commissioner Jerry Butler • Vice Chairman
Lewis Colleps
Ric Estrada
Ada Mary Gugenheim
Emilie N. Junge
Wayne M. Lerner, DPH, FACHE
Erica E. Marsh, MD MSCI
Carmen Velasquez
Dorene P. Wiese, EdD

Anwer Hussain, DO, FAAEM
President,
Medical Executive Committee
Provident Hospital
Of Cook County

June 5, 2015

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Credentials Meeting held on June 2, 2015 the Medical Executive Committee of Provident Hospital of Cook County recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Anwer Hussain, DO
President, MEC

Provident Hospital of Cook County

Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee Meeting

INITIAL APPOINTMENT APPLICATIONS

Hajrasouliha, Amir Reza, MD Appointment Effective:	Ophthalmology June 16, 2015 thru June 15, 2017	Affiliate Physician

REAPPOINTMENT APPLICATIONS

Department of Clinical Labs and Pathology:

Shi, Feinan, MD Reappointment Effective:	Pathology July 19, 2015 thru July 18, 2017	Active Physician

Department of Internal Medicine:

Ezekokoli, Chukwudozie, MD Reappointment Effective:	Hospital Medicine July 28, 2015 thru July 27, 2017	Active Physician
Fakhran, Sherene, MD Reappointment Effective:	Pulmonary Medicine August 14, 2015 thru August 13, 2017	Affiliate Physician
Hamb, Aaron, MD Reappointment Effective:	Internal Medicine August 1, 2015 thru July 31, 201	Active Physician
Littleton, Stephen, MD Reappointment Effective:	Pulmonary Medicine July 28, 2015 thru July 27, 2017	Affiliate Physician
Muzzafar, Shirin, MD Reappointment Effective:	Pulmonary Medicine August 26, 2015 thru August 25, 2017	Affiliate Physician

Department of Surgery:

Crawford, Clifford S., MD Reappointment Effective:	General Surgery June 21, 2015 thru June 20, 2017	Active Physician

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JUNE 16, 2015